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ABSTRACT

Begun in 1964 to meet rehabilitation needs of disabled family heads receiving aid for dependent children (AFDC), this San Antonio project tested ways of eliminating or reducing vocational handicaps and dependency to the point where AFDC recipients could become gainfully employed and participate more effectively as community members. Normal social services were offered, together with such special services as prevocational evaluation and adjustment facility and intensive casework. Results showed that successful employment is obtained in about 50% of the cases (well above the national average) in the San Antonio Center, and that all clients have benefited to some extent. The research phase sought reasons for this success, including human factors indicative of rehabilitation success or failure. Assessments were made of over 50 variables and 250 work attitude items for each client. Significant predictive factors were found, and several models were set forth. Through cooperation between the Texas Department of Welfare and the State Division of Vocational Rehabilitation, the program was eventually extended to Amarillo, Dallas, and El Paso. (The document includes the diagnostic evaluation format, scoring keys, and 145 tables and figures.) (LY)

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THE SAN ANTONIO REHABILITATION-WELFARE FINAL REPORT

ON

RESEARCH AND DEMONSTRATION

PROJECT RD 1513

Prepared By

Educational Evaluation and

Research Associates

Austin, Texas

for

Texas Education Agency

Vocational Rehabilitation Division

Capitol Station

Austin, Texas

March, 1969

This investigation was supported in part by a research and demonstration grant, number 1513, from the Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C. 20201.

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RESEARCH AND DEMONSTRATION

PROJECT RD 1513

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HIGHLIGHTS

The San Antonio Research and Demonstration Project, RD 1513, was implemented in February, 1964, in recognition of the special need for better rehabilitation services to disabled family heads receiving aid for dependent children (AFDC). The magnitude of need was indicated by the fact that AFDC family members totaled some seventeen thousand of San Antonio's seven hundred thousand metropolitan population, or about one in forty-one. The target population can be briefly described as inhabitants of a generally low-income section of the city where 1960 census indicated a $2881 annual salary as representative; birth rate as forty-four in contrast to twenty-five per thousand for the United States; and where about five years schooling was representative for those over twenty-five years. Review of records in 1965 indicated Project clientele to be ninety percent Latin Americans, seven percent Negro, and three percent Anglo. One client in every five had a police record; the average number of dependents was 5.17; claimed education was about sixth grade; and average client age was 38.6 years. The knowledge that increasing technological requirements for jobs and an in-rank population explosion are contributing to an ever-widening opportunity gap makes help for these disadvantaged people very urgent.

Essentially the Project goal was to demonstrate and to do research on ways to eliminate or reduce vocational handicaps and dependency characteristics to the point where AFDC recipients could become gainfully employed and participate more effectively as community members. With a VRA grant to help accomplish this goal, a plan was developed whereby the full resources and efforts of the Texas Department of Public Welfare and the Texas Education Agency, Division of Vocational Rehabilitation, were focused on the client and family. The full spectrum of normal services and those available from other community sources were offered with certain significant supplementary features. The latter consisted mainly of an in-house counselor-caseworker team approach, a special prevocational evaluation-adjustment facility, and intensive case work. Project design, methodologies, and efforts for the report period February, 1964, through December, 1968, are reported in detail to show what was planned, how it actually worked, the results, and recommendations.

Demonstration results show that successful employment is obtained in about 50% of the cases in the San Antonio Center, and this rate has been maintained for the past two years. The evaluation also demonstrates that all clients benefited to some extent. Since this rate is significantly more favorable than the reported national rehabilitation rate, one can be cautiously optimistic that some set of design features can be identified as the contributing cause for a higher success rate. The purpose of the research phase of the Project is to help answer questions of this nature including what human factors are indicative of rehabilitation success or failure. Routine assessment was made of some fifty human variables and two hundred fifty items of a Work Attitude Scale for each client. An outside research consultant used a computer and appropriate evaluation research techniques to isolate, insofar as possible, the specific factors that could have been used to predict rehabilitation success for clients during this demonstration period.

Results from the research indicate that significant predictive factors are identifiable. Several prediction models have been set out. In clinical usage of the models by the counselor-caseworker teams it is hoped that a model for prescription counseling can be developed. In this way it is hoped better services can be offered, as opposed to using the data for the purpose of screening applicants who are most likely to succeed.

On the basis of early results, the two agencies entered into a cooperative agreement to expand similar services with regular program funds. As a result of this action the program was extended to Amarillo, Dallas, and El Paso. Other similar programs are to get under way in the near future. The grant from Social and Rehabilitation Service, Department of Health, Education, and Welfare was extended for two years for the purpose of continued evaluation, research and development of the prevocational evaluation-adjustment phase of the program. The evaluation suggests that the effectiveness of the program for an urban, disabled, welfare clientele might well be generalizable to any disadvantaged population.

PREFACE

In a world characterized by continuous change in all disciplines, there is little likelihood that social sciences will keep abreast of times without continuous demonstration and research efforts. The technological explosion in the physical sciences has outstripped expectations, while applied human sciences have lagged seriously. This lag is apparent in many aspects of life-- the social impact of new tools, devices and leisure, on one hand, and the threat to many disadvantaged and disabled peoples by an ever-widening opportunity gap caused by a runaway affluent society.

This Project is dedicated toward helping to close the opportunity gap by demonstrating more effective methods, techniques and procedures for working with disadvantaged and disabled people, and by doing research toward more effective assistance in rehabilitation services. Whatever progress the Project may achieve is dedicated in turn to the many people who have participated effectively in the activity, including clients who have exerted extremely beneficial influence on their peers.

Acknowledgment is well deserved by many, yet available space precludes mention of all but the most responsible participants. In addition to those listed as contributors to the various chapters, these include Mr. C. G. Fairchild, Assistant Commissioner for Vocational Rehabilitation; Mr. L. C. Rouse, Jr., Director of the State Department of Public Welfare; the late Thurman Covey of the State Department of Public Welfare; Mr. Doyle Wheeler, Director, Division of Vocational Rehabilitation (DVR); Miss Margaret Gregg, Director of Public Assistance (SDPW); Mr. L. T. Johnston, Assistant Director (DVR); Mr. Raymond G. Cheves, Regional Director (SPDW); Mr. E. H. Stendebach, Regional Director (DVR); Mr. Joel E. Falcon, Assistant Regional Director (SDPW); Mrs. Gene Raiford, Consultant (DVR); Project Directors and Associate Project Directors, respectively, as follows: Mr. H. L. McLerran and Mr. Bernard Tallerico in San Antonio; Mr. Truman Phillips and Mrs. Roberto Bowmen in Dallas; Mr. Elbert Vice and Mr. James Casson in Amarillo. Contributing agencies and organizations include: San Antonio and Dallas Public Housing authorities; Amarillo and San Antonio Community Action Committees; Mental Health Association of Bexar County; Dallas Goodwill; and Educational Evaluation and Research Associates of Austin.

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Introduction

In a world characterized by continuous change in all disciplines, there is little likelihood that social sciences will keep abreast of times without continuous demonstration and research efforts. The technological explosion in the physical sciences has outstripped expectations, while applied human sciences have lagged seriously. This lag is apparent in many aspects of life--the social impact of new tools, devices and leisure, on one hand, and on the other, the threat to many disadvantaged and disabled peoples by an ever-widening opportunity gap caused by a runaway affluent society. The purpose of this project was to help close the opportunity gap by demonstrating more effective methods, techniques and procedures for working with disadvantaged and disabled people, and by doing research toward more effective assistance in rehabilitation services.

The San Antonio Research and Demonstration Project, RD 1513, was implemented in February, 1964, in recognition of the special need for better rehabilitation services to disabled family heads receiving aid for dependent children (AFDC). The magnitude of need was indicated by the fact that AFDC family members totaled some seventeen thousand of San Antonio's seven hundred thousand metropolitan population, or about one in forty-one. The target population can be briefly described as: inhabitants of a generally low-income section of the city where the 1960 census indicated a

$2881 annual salary as representative; birth rate as forty-four per thousand, in contrast to twenty-five per thousand for the United States; and where about five years total schooling was representative for those over twenty-five years. Review of records in 1965 indicated project clientele to be ninety percent Latin Americans, seven percent Negro, and three percent Anglo. One client in every five had a police record; the average number of dependents was 5.17; claimed education level was about sixth grade; and average client age was 38.6 years. The knowledge that increasing technological requirements for jobs and an in-rank population explosion are contributing to an ever-widening opportunity gap makes help for these disadvantaged people very urgent.

Essentially the project goal was to investigate and demonstrate ways to eliminate or reduce vocational handicaps and dependency characteristics to the point where AFDC recipients could become gainfully employed and participate more effectively as community members. With a VRA grant to help accomplish this goal, a plan was developed whereby the full resources and efforts of the Texas Department of Public Welfare and the Texas Education Agency, Division of Vocational Rehabilitation, were focused on the client and his family. The full spectrum of normal services and those available from other community sources were offered with certain significant supplementary features. The latter consisted mainly of an in-house counselor-caseworker team approach, a special prevocational evaluation-adjustment facility, and intensive case work.

Project design, methodologies, and efforts are reported in detail to show what was planned, how it actually worked, the results, and recommendations.

In previous efforts, the beginning demonstration results showed that 38 percent of the total closures (including those closed in referral status) ended in successful employment and that all cooperative clients benefited to some extent by the project services. Later demonstration results showed that 52 percent of the total closures ended in successful employment. Since this rate is significantly more favorable than the recognized national rehabilitation rate, one can be cautiously optimistic that some set of design features can be identified as the contributing cause for a higher success rate. The purpose of the research phase of the project is to help answer such questions as: what human factors are indicative of rehabilitation success or failure? Routine assessment was made of some fifty human variables on the Diagnostic Evaluation Format, two hundred fifty items on the Work Attitude Scale, and one hundred eighty-one items on the Adult Basic Learning Examination for each client.

The results from previous research indicated that significant predictive factors were identifiable. Several prediction models have been set out, the most basic of which includes such factors as numerical aptitude, verbal aptitude, general aptitude, projectively-assessed adjustment and rating of family affection. In subsequent clinical usage of a larger model, it is anticipated that appropriate failure-prediction techniques will help identify areas of client weakness for intense remedial action. In this way, better services can be offered to help clients achieve rehabilitation success in greater numbers. On the basis of these results, the two Agencies have entered a cooperative agreement to expand similar services over most of Texas with regular program funds.

This report is organized into five basic sections in addition to the introduction. The first section of this report contains a selective review of the vocational rehabilitation literature. The review is descriptive in nature and emphasizes those programs throughout the United States, which are concerned with the vocational rehabilitation of the "hard-core" unemployed. The second section describes the San Antonio Rehabilitation-Welfare Demonstration and Research Project. In this section the general objectives, rationale, and research methodology are presented. The third section provides the reader with an introduction and orientation to the specific objectives and data collected in the evaluation research efforts of the San Antonio Rehabilitation-Welfare Project. This third section functions as an introductory section to the fourth section in which the research connected with the prediction of the vocational rehabilitation of disabled, urban public welfare clients is presented and the results are reported. The fifth and final section will present the discussion and conclusions of the report.

CHAPTER I

A Selective Review of the Vocational Rehabilitation Literature

Introduction

This review is almost entirely descriptive in nature and does not purport to offer anything but a selective summary of some of the vocational rehabilitation programs in the United States. The emphasis will be upon those programs that are concerned with vocational rehabilitation of the "hard-core" unemployed, and the attempts that are made to make them normally functioning members of society.

The vocational rehabilitation literature is characterized by an almost complete lack of formal research. This lack is freely admitted within the literature, but the literature still continues to be filled with articles of a generally descriptive nature--concerned with either the description of programs of vocational rehabilitation or with general descriptions of possibly effective approaches.

Robert P. Overs (1967) a sociologist working in a vocational rehabilitation setting in Milwaukee, Wisconsin, stated that rehabilitation has a major limitation in its association with the present. It is concerned only with returning people into the mainstream of present society. Overs goes on to say the following:

> "However, society is changing so rapidly that that which we are presently advocating we shall shortly discard. For instance, one of our current concerns is to motivate clients to want to work and to find work meaningful. Within two generations we shall be concerned with motivating only certain talented individuals to work and the rest to find meaningful activities outside of remunerative work." (Overs, 1967, p. 16)

Regardless of the accuracy of Over's statement, there are large numbers of individuals who wish to work but do not have the opportunity. At the same time, there are a growing number of government programs devoted specifically to seeing that these individuals do get a chance to work. On the other hand, even when the "hard-core" unemployed are trained for job areas where workers are much in demand (which is not always the case), they often find their pay is about the same as that which they received while they were on welfare.

With the above problems in mind, let us consider the field of vocational rehabilitation. L. S. Levine (1968) has stated that the rehabilitation programs in the United States that are concerned with individuals in all age ranges have in common the goal of making it possible for the individual to enter into the mainstream of society in such a way that both society and the individual benefit. These federal programs are both preventive and rehabilitative. The procedures, techniques, approaches and value orientations of workers, whether involved with clients with physical, emotional, or social handicaps, have much in common.

As a result of this commonalty it is with some hesitation that arbitrary sections of the paper have been designated. On the other hand, such sections will at least be indicative of some of the major points of focus in the review. The first section of the review is concerned with the manpower reports put out by the Department of Labor. This section is by far the largest and is a review of the field of vocational rehabilitation in itself. Most of the space of this first section will be devoted to the 1968 manpower report which presents all major manpower programs now in existence in the United States. The second section is concerned with the acceptance practices for vocational rehabilitation services. The third section is concerned with general programs of adult vocational rehabilitation. The fourth section discusses group therapy in vocational rehabilitation. The fifth section examines two conceptualizations of the vocational rehabilitation process in a sheltered workshop. The sixth section describes vocational rehabilitation by self-help and basic education. The seventh section is concerned with the vocational rehabilitation of youth. The eighth section briefly describes an example of vocational rehabilitation of older workers and some rather unfortunate statistics concerning Social Security Disability pension applicants who are turned down for aid. The ninth section discusses the vocational rehabilitation of alcoholics, and the tenth and final section presents several predictive studies in vocational rehabilitation.

Manpower Reports

The Report on Manpower Requirements, Resources, Utilization, and Training by The United States Department of Labor represents an annual, comprehensive report of the development of manpower resources in the United States and appears jointly with the Manpower Report of the President. Some of the major points concerning vocational rehabilitation of the last three years' reports (1966-68) will be presented here in chronological order.

Manpower Report (1966)

At the time of writing of the 1966 report, over 100,000 unemployed who included many heads of households were to be given work experience and job training under the "Work-Experience Program." This program was conducted under the Economic Opportunity Act by the Department of Health, Education and Welfare and extended the community work and training programs established by the 1962 amendments to the Social Security Act.

These projects had usually been conducted by state and local government welfare agencies with the financial backing of the Federal government. Highway departments, schools, and libraries had also cooperated. The trainees came from the "hard-core" unemployed. Some of the points of emphasis in these programs were as follows: 1) good work habits; 2) positive motivation to take a job, or to take training which would lead to a job; 3) health services; 4) rehabilitation services; and 5) basic educational help for illiterates.

The occupations that the trainees were prepared for were lower-level jobs such as beauty operator, library assistant, laundry worker (for women), or cabdriver, painter or groundskeeper (for men). The training period had an average length of nine months, but ranged from two months to a year.

Upon completion of this program the trainees were either sent to a "Manpower Development and Training Act" (MDTA) training program, placed directly in a job, or returned to the welfare rolls.

At the end of 1965 there were 160 approved projects in 43 states, and 35 projects were in actual operation. An important point to keep in mind concerning these programs is that even though there were only enough funds to train 89,000 people, at least three times as many people were helped directly or indirectly, since each trainee had an average of three dependents.

On the other hand it was predicted there would be funds for 109,000 trainees in the fiscal year 1966. Unfortunately though, such programs only reach a fraction of those adults who are eligible and would benefit from them.

A 1965 amendment to the Economic Opportunity Act (the Nelson Amendment) also aids in adult training projects which are similar to the projects used with youth. Here, ten million dollars were set aside for the 1967 fiscal year.

One sees the results of such programs when it is noted that almost 12,000 trainees in work-experience projects, MDTA, or Area Redevelopment Act (ARA) training who had in the past been on some form of welfare became self-supporting between October, 1963 and December, 1964. The welfare payments that these people and their dependents had received (60,000 people) were estimated at 1.8 million dollars per month.

The 1966 Manpower Report also concerned itself with some of the programs for older workers. The Secretary of Labor, in a 1965 report to Congress, made recommendations concerning age discrimination, institutional arrangements which work against older workers, increasing the availability of work for older workers, and the enlargement of conceptions of education and institutions in general to take into account the problems of the aged. This report led to the passage of the Older American Act of 1965.

More than 10,000 individuals who were 45 or older received MDTA training in institutional training programs in 1965. Another 1,000 workers in this age group were enrolled in on-the-job (OJT) training and were given training in the following jobs for men: automobile mechanic, welder, electric appliance serviceman, cook and carpenter; while women were trained as: practical nurse, cook, salesperson, clerk-typist, nurses aide, and a variety of other such jobs.

At least two thirds of the 17,000 workers in this older age group who had completed institutional training after the beginning of the MDTA program found jobs related to their training. This success was also true of those individuals who received on-the-job training. These facts are even more impressive when one considers that 90% of these trainees were jobless when they first enrolled.

In regards to the training of youth, the special projects for disadvantaged youth use a multioccupational approach which offers many types of job training and related services such as basic education, counseling and testing. There has been a great deal of success in such MDTA projects in that a large majority of the youth in these projects (90% at the end of 1965 for on-the-job training youths) have completed the programs. Training was abandoned by youth who had had a previous record of failure. In a 1965 study of several hundred youths aged 16-21, 40% of the dropouts in one group had also dropped out of high school (as compared with 27% who completed training). The dropouts of the training program had held only unskilled jobs, whereas the majority of youth who completed the program had held semiskilled or clerical jobs.

Those who had completed training were usually able to get jobs. At mid-October, 1965, the employment rate was 80% for those who had completed institutional programs and 85% for OJT programs. An evaluation study conducted late in 1964 showed that for 200 youths who had completed training, 87% were initially placed. However, a significant number did not continue to keep their jobs and the employment rate went down to 67%, but this represents a lower rate of job loss than that of older MDTA graduates.

Manpower Report (1967)

In the 1967 Manpower Report, it was pointed out that high levels of employment became a national objective as far back as 1946 with the passage of the Employment Act of 1946. An increased effort was made with the passage of The Manpower Development and Training Act of 1962 (MDTA). From 1962 until the writing of the 1967 Manpower Report, 600,000 unemployed workers were enrolled in MDTA projects and received appropriate training for jobs which were frequently short of workers. This active manpower policy was formalized by the President in his 1964 Manpower Report. During the period between 1961 and 1966 employment increased 12% and the rate of unemployment decreased from seven percent to four percent.

In order to answer the problems of bringing information about vocational training programs and related services to the "hard-core" unemployed and getting this group involved in the existing facilities, the Experimental and Demonstration projects (E&D) were started in 1963. These projects were all under the Manpower Development and Training Act and were generally shown to be effective. Following this development, in 1965, a network of Youth Opportunity Centers was developed. These centers helped in the training of youth seeking employment. Along with the development of the youth centers, many neighborhood centers were established within the ghettos by the Community Action Agencies within the context of the War on Poverty.

A broader program that built on the programs mentioned above was the Human Resources Development (HRD), established in August, 1966, by the Employment Service. This program focused on working with employers to increase the opportunities for employment of the disadvantaged and help the disadvantaged gain the necessary skills. This was carried out through door-to-door techniques involving surveys of employment needs in key problem areas. There were projects of this type in Chicago, St. Louis, Houston, Rochester, New York City, Watts, and in the entire South-central Los Angeles area. The projects were all successful in that they confirmed the need for such efforts. In other words, there were many unemployed who had not received help in the past and needed some form of training but did not know how to ask for it.

The Youth Opportunity Centers are now acting as operating bases for the Human Resources Development program in 127 metropolitan areas. These centers have now also extended their services to all age groups, which was quite an important change. There are also Community Action Centers, Employment Service Offices, Settlement Houses, and mobile units of the Employment Service's Smaller Communities Program in some rural areas.

At these various helping centers a counseling staff works with people who have been brought in through the efforts of aides hired from the actual neighborhoods. Both welfare and health services of the community are brought in when it becomes clear that these services are needed in order to aid the vocational rehabilitation client in achieving gainful employment.

Typical problems and types of training that were taken care of are as follows: living conditions, family or child-care problems, legal and credit questions, clothing or tools, transportation, physical and mental health, basic education, work-experience programs, institutional training, on-the-job training and apprenticeship training.

By a Presidential directive of August, 1966, a goal of placing the above type of multiservice neighborhood center in every ghetto area of the United States was set. In the first two years of the Neighborhood Youth Corps more than four-fifths million disadvantaged youth in all 50 states were helped. This help has been in the form of work experience in both "in-school" and "out-of-school" settings. There has also been a development of cooperation with private employers and the Neighborhood Youth Corps staff, with the NYC paying the training costs and the private employers paying the wages.

NYC enrollees have in the past not been very interested in the MDTA occupational training programs (which many of them needed very much), since the MDTA youth allowance was just twenty dollars a week as compared with the NYC wage of $1.25 an hour. Identical wages are now being payed to both youth and adult trainees. This pay equals the average weekly unemployment insurance payment which is set by the state in which the trainee lives.

Manpower Report (1968)

In the 1968 Manpower Report, the manpower policy and programs are summed up for the year 1967 in terms of three major focuses: first, the unification of manpower facilities to help the most disadvantaged individuals in our society by helping them to gain employment at reasonable pay levels; second, moves to encourage private industry to take part in this program; and third, an attempt at making the programs more flexible and adaptable to individual needs.

A major new program is referred to as Job Opportunities in Business Sector (JOBS). This program is generally concerned with the joint efforts of government and private industry in the training of the "hard-core" unemployed, and will involve the following: 1) identification and location of the unemployed; 2) private industry giving jobs and training; 3) private industry paying for the average normal cost of training; 4) the government paying for all extra costs and services concerned with the usually expensive process of training the "hard-core" unemployed.

A budget of 2.1 billion dollars has been made for fiscal 1969--25% more than in fiscal 1968. This increase in budget will allow 1.3 million individuals to be helped in fiscal 1969 as opposed to slightly less than one million in 1968. Table 1 indicates the various manpower programs in fiscal 1968-1969.

A closely unified system of manpower management is that of the Concentrated Employment Program. This program began in 1967,

TABLE 1

Individuals Served by Manpower Programs

Fiscal Year 1968-69 Estimates

[Thousands]

Category and Program	FY 1968	FY 1969[1]
Total[2]	970	1,292
Structured training	492	638
On-the-job[3]	186	281
Institutional[4]	129	170
Job Corps	98	98
New Careers	10	13
MDTA part-time and employability training	57	63
Indian manpower activities	13	14
Work-experience programs[5]	435	590
School and summer work	310	469
Community work experience	126	121
General manpower services & program support	44	65
Support to Concentrated Employment program	34	50
Special Impact Program	10	15

[1] Preliminary estimates, subject to revision. Based on appropriations for FY 1968, without allowance for activities financed by carryover funds, and on President's recommended budget for FY 1969.

[2] Excludes regular placements by the public Employment Service system.

[3] Includes OJT portions of programs under the Manpower Development and Training Act (MDTA), Title IV of the Social Security Act, Economic Opportunity Act, and veterans' legislation. OJT components of the CEP and the JOBS program are funded largely from these sources.

[4] Includes institutional training under the MDTA, Title IV of the Social Security Act, and some other programs.

[5] Includes the work-experience portions of the NYC, WIN, and other programs.

NOTE: Detail may not add to totals due to rounding.
SOURCE: *Budget of the United States, Fiscal Year 1969* (Washington: Executive Office of the President, Bureau of the Budget, 1968), p. 145.

(This table appears on page 194 of the *Manpower Report of the President*, 1968.)

after the Secretary of Labor and the Director of the Office of Economic Opportunity made 100 million dollars available for that year. There are four principal aspects of each area program: 1) acquiring the joint help of both labor and business; 2) making available a wide range of rehabilitation and health services; 3) the development of opportunities for employment which meet individual needs; and 4) allowing for post-employment assistance to avoid job loss after placement.

It is usually a local Community Action Agency that sponsors the Concentrated Employment Programs. At the end of June, 1967, contracts had been made for 20 urban slum areas, for the 18-county region of the Mississippi Delta, and in a 10-country area of Northern Michigan. Over 51,000 individuals had been screened at the end of 1967, and 34,000 had received the following services: 1) basic education (17%); 2) skill training (MDTA) (10%); 3) work experience with the Neighborhood Youth Corps (12%); 4) New Careers projects (7%); 5) Special Impact projects (8%); 6) CEP manpower development projects (27%--14% dropped out). At the end of 1967, 40% were still enrolled; 22% placed in jobs; and 11% referred to other training programs.

At the beginning of 1968, almost 15,500 were waiting to either be placed in a project or on a job. Before 1968 had ended, it was planned that 64 cities and 12 rural areas would be helped by the Concentrated Employment Program. In 1969 these figures should be extended to 70 new areas of which 35 are rural.

The Cooperative Area Manpower Planning System (CAMPS) was founded in 1967 in order that there might be a system which could engage in joint planning and coordinated action in manpower development throughout the United States. Although this system has a local orientation in its actual operation, it was founded by the Department of Labor with numerous other agencies participating. An average of 24 different manpower or related programs are represented in most area committees. CAMPS represents the first such attempt at organizing local, state, and federal manpower agencies. The President has recommended 11 million dollars for this program in the fiscal 1969.

One of the many functions of the CAMPS program is the coordination of the services for the Model Cities Program. This program will concentrate on the manpower and related problems of 63 cities of the United States.

A new aspect of the Neighborhood Service Center aims at a greater unification of services concerned with both the identification of the poor and aid with their problems. At the end of 1967, plans were either completed or in the process of being completed for the following 14 cities: Chatattanooga, Louisville, Philadelphia, St. Louis, Washington, Boston, Cincinnati, Dallas, Detroit, Minneapolis, Jacksonville, New York, Chicago, and Oakland.

The demonstration program in the above cities was designed to: 1) provide a unified system through which services of all types can be obtained within the neighborhood; 2) provide a combination of the knowledge and resources of city, state, and federal agencies which will all pool their efforts in assisting with problems of the neighborhood; and 3) develop ways in which the Departments of Labor, of Health, Education, and Welfare, and of Housing and Urban Development can function as a team in the neighborhood situation.

The Special Impact Program focuses upon the development of economic business and of the community in general in low-income areas. It also provides training for the jobless when needed. The largest Special Impact Grant of 1967 was given to a complex of programs aimed at development of the Bedford-Stuyvesant area, which is a Negro and Puerto Rican slum in Brooklyn. This project has two groups which run it. The first group is composed of local residents and sponsors housing projects, job-training, and a school or health center. The second group, run by a board of financiers and industrialists, provides technical aid and outside investment.

One segment of this project had an enrollment of 272 neighborhood youths in the summer of 1967. These youths worked on the yards and exteriors of 500 houses under the supervision of journeymen in the field. Out of this group, twelve have gone into the renovating business, 40 have taken apprenticeship tests in the construction trades, and the rest, except for 25, have been placed in jobs.

The Concerted Services Program is a program devoted to the unification of manpower resources in rural areas. It now has pilot projects in Arkansas, Minnesota, and New Mexico. In such programs there is usually a coordinator of Concerted Services who helps the people of the rural community obtain federal and state services.

The concept of Human Resources Development is basic to all of the programs described so far. This concept was introduced in 1965 and operates in every state, as well as in the District of Columbia and Puerto Rico. In the past wherever there was a State Employment office, the Human Resources Development Program was involved. Now this involvement has been extended to trained neighborhood workers, who call on people at their homes to explain the various services available. The help that is provided includes counseling, skills training, remedial education, health or welfare services, orientation in techniques of job hunting, coaching in good work habits, practice in taking employer examinations, and legal counsel. There have also been such activities as the restructuring of jobs to fit worker needs, and basic changes made in staff attitudes. One of the major problems that still prevails is that of delivering up-to-date, complete job-market information.

In October, 1967, the President made an announcement concerning a pilot program in which the Government and private industry would combine their efforts in removing "hard-core" unemployment. This program was named the Test Program. Businessmen from Boston, Chicago, Los Angeles, San Antonio, and Washington, D. C. were invited to present relevant plans. The government in turn offered to pay up to 100% of the added training costs, and reduce "red tape" so that the businesses could make their governmental transactions in one office. The main objectives were to establish plants and businesses which would employ the disadvantaged, near or in ghetto areas.

An example of what was immediately done in the first month of the program was the planning of a printing plant in the Roxbury area of Boston. This plant was designed to give work to 232 of the "hard-core" unemployed. The plans included a group of 60 unskilled men and women to begin work in January, 1968, with the rest of the workers to be employed by midsummer. Other plans included the development of a six-mile-square area of the Chicago stockyards district for Federal grants and loans. This plan made possible the existence of an industrial park with the potential of providing 7,000 jobs within a two to three year period. There were also plans made to develop similar operations in two slum areas in the Washington, D. C. area. Near the end of 1967, there were almost 160 companies which were interested in participating in such programs.

In the Ten Cities Program beginning in July, 1967, six private employers in 10 major cities and one public school system also became involved with Department of Labor contracts. The Concentrated Employment Program is coordinating a number of services in these 10 cities. Through the joint action of private industry and government, the following services are being provided: an individual project curriculum design, programmed learning, medical services, basic education, employability training, on-the-job training, and related services. A requirement of these programs is that the trainees must be placed directly in jobs or on-the-job training during the first 15 months.

The Jobs Program was an extension of the Test and Ten Cities Programs and the on-the-job training of the MDTA programs. This program will provide similar services to the other programs, with private industry paying the normal costs of training and the government paying the costs beyond. The goal of this program is 100,000 jobs by June, 1969, and 500,000 jobs by June, 1971. There is also a goal of 200,000 summer jobs for youths.

A new aspect in the area of work-experience programs was provided by the Neighborhood Youth Corps as a result of a 1966 amendment to the Economic Opportunity Act. It was possible at this time to have training given by private industry. During fiscal 1968, about 3,000 of the almost 80,000 trainees that were projected for the NYC out-of-school program worked with private industry. The predicted number for 1969 was even larger. The wages of those working for private employers have increased from $1.40 per hour to over $2.00 per hour for some of the trainees.

Progress has also been made in smoothing the transition that youth must make from NYC on-the-job training to MDTA training projects. There are now some youth who spend four hours in MDTA training and four hours on NYC work sites.

Since November 30, 1967, there have been 200,000 individuals enrolled in the Neighborhood Youth Corps, with 137,000 in the in-school program which gives part-time work experience in order that youth may stay in school, and almost 64,000 involved in full-time programs for youth who are out of school.

A total of 1.3 million youths had been enrolled between 1965 and November, 1967 (400,000 in the in-school phase, 400,000 in the out-of-school phase, and 500,000 in summer programs).

The in-school enrollees have been employed as clerical or educational service aides. The typical employment of out-of-school enrollees has been as building maintenance aides. Also, some enrollees have worked as assistants in television stations, at display work, and drafting, as well as housing rehabilitation.

At the end of 1966, follow-up studies indicated that in 50 out-of-school programs, about 35% of the youth had full-time employment, 18% were in either school or occupational training, 6% in military service, and 11% housewives. However, there were 30% ill, unemployed, or not located.

Operation Mainstream offers an adult program similar to the NYC. Operation Mainstream entered into an agreement with an organization called Green Thumb, Inc., which is affiliated with the Farmers' Union. Here, almost 8,000 job opportunities were provided. During the first five months of fiscal 1968, there were 1,352 additional job opportunities provided.

In this program, men outnumber women by nine to one. Also, three out of every five enrollees are over 45. The work has consisted of planting trees and shrubs, reconditioning parks, clearing brush, highway work, and landscaping. A recent study showed that, out of 8,000 Mainstream workers, 2,500 were employed full-time, 1,000 part-time, 1,000 unemployed and the work status of 3,500 others not determined.

The New Careers Program is concerned with developing entry-level professional aide jobs. Here, training is received for critically under manned fields which include health, education, welfare, neighborhood redevelopment, and public safety. There were an expected 4,600 enrollment opportunities from 22 projects late in fiscal 1967. Ten other projects were expected to provide 2,000 more openings, but due to problems of extensive preliminary training and funding delays, only 322 openings were actually available.

The Work Incentive Program was made mandatory by 1967 legislation for public assistance recipients. The goal of this program is the restoration of economic independence to all employable persons 16 years or older who are receiving Aid to Families with Dependent Children (over one million families). The plans were to enroll 32,000 recipients in training between April 1, 1968, and the end of fiscal 1968. The projected figures for fiscal 1969 were over 100,000.

This program will differ from other work-experience programs in that it will stress the development of immediate and meaningful employment. There is also a plan for subsidized public or private nonprofit employment for all individuals who cannot be placed in competitive employment. The usual wide range of services will be provided for those in the program.

The MDTA Institutional Training has now become involved in both employment-orientation training and basic education. The employment-orientation training is designed for those individuals with skills but poor work records. Training in this area ranges from grooming to standards of behavior. Around 109,000 individuals completed MDTA Institutional Training during fiscal 1967. Ninety percent of the trainees obtained employment and 72% were employed when contacted a year after their training.

The MDTA On-The-Job Training had its highest enrollment for all previous years in fiscal 1967. Fifty-four thousand trainees completed OJT projects, and 90% of this group remained regularly employed. Particular attention is given to training enrollees in this program for well paid jobs with opportunities for promotion.

The Tide Program is designed to build aspirations and redirect the energies of problem youth. TIDE (Testing, Information, Discussion, and Evaluation) gives a four-week program to classes composed of 15 to 20 youths who discuss with a counselor their personal and employment problems. There are also films, visiting speakers, and field trips. From the 200 youths enrolled about 80% returned to school, took additional training, or found jobs.

A project that is presented in the form of a television program over a Chicago station, began in June, 1967, and at the writing of the 1968 Manpower Report, was still under evaluation. Opportunity Line was designed to reach applicants for numerous unfilled jobs which were listed with the Public Employment Service. The program featured a Negro personnel manager of a major steel company, a battery of Illinois State Employment Service (ISES) interviewers to answer phone calls, feature interviews, and "success stories." All respondents who were seeking work were directed to the appropriate ISES offices.

Project Pride was an experimental project for youth operated for a four-week period in the summer of 1967. Five ghetto youth leaders (natural leaders of the ghetto referred to as "top dudes") demonstrated their ability to organize youth and achieve socially useful results. Within a period of three days, they were able to organize 1,000 youths to clean streets, alleyways, and vacant lots, haul away trash, and kill thousands of rats. This project was a clear demonstration that there is a natural organization in the ghetto.

The Opportunities Industrialization Centers (OIC) originated in Philadelphia in 1964, and was a Negro self-help venture. It has spread to an estimated 60 independent centers. Training at these centers is accompanied with intensive counseling. In this program, businessmen were constantly consulted about job requirements, curriculum for the training program, equipment and supplies, program revisions, and job placement.

The Philadelphia Center has gained employment for 3,600 enrollees in jobs with 888 different companies during the first three and one-half years of its operation. Only 2% of the job placements were not in jobs for which the individual was trained.

The manpower concerns of the nation are also involved with the problems of special groups such as older workers, Mexican-Americans, prison inmates, and veterans returning from the service. The Age Discrimination Act of 1967 became effective in mid-June, 1968. It applies to employers of 25 persons or more, as well as to employment agencies and labor organizations. It prohibits arbitrary age discrimination against workers between 40 and 65 years of age (one-half of the labor force). The Employment Service program for older workers includes counseling, job development, referral to training and other services, and job placement. Those people over 45 seeking jobs made up 15% of the total applications filed in the first 10 months of 1967, and 21% of all placements (over a million). During this period, 108,000 older workers received an intensive program to aid them in gaining employment.

In the southwestern part of the United States there are approximately 5 million Mexican-Americans, the majority of whom suffer conditions of poverty, unemployment, lack of education and related problems. The MDTA program has met with little success due to the following problems: many individuals have not been able to meet the entrance requirements, the projects are urban and the need is for rural projects, and a mistrust of the Employment Service. There is now a concentration on the development of Spanish versions of testing materials, increasing the number of bilingual interviewers and counselors, and the recruitment of Mexican-American job applicants.

The Neighborhood Youth Corps has been the most successful program in this area. In both the in-school and the out-of-school projects there has been a large Mexican-American participation. However, there has been little opportunity for youth to get skill training after they have left the NYC training.

The Service Employment Redevelopment (SER) was organized by some major Mexican-American organizations in order to aid in communication with the Employment Service, as well as give the Mexican-Americans more information about the available manpower programs. Five million dollars have been given to support local programs of SER, but this is only a small start.

There have been a number of projects that have demonstrated that prison inmates can be prepared for productive lives after release. These projects have given counseling, basic literacy training, skill training, job development help, and placement services. Reserve MDTA funds are being used to aid in several pilot programs for inmates who need job preparation. There has been a problem of bonding ex-prisoners in many types of jobs. The Federal Government has now contracted with a commercial underwriter to provide for the bonding of these ex-prisoners in the experimental pilot programs.

In 1967, the President directed the Secretary of Labor, in cooperation with the Secretary of Defense, to give special attention to every returning veteran. Many returning veterans are expected to have employment problems. There will be special U. S. Veterans Assistance Centers in 10 of the major cities of the United States. There are also 10 other proposed centers. There will also be a new Project Transition which will prepare servicemen for employment in their final six months of service.

Acceptance Practices for Vocational Rehabilitation Services

R. A. Peckham (1968), Assistant Superintendent for Vocational Rehabilitation in the Michigan Department of Education, discussed several implications of the 1965 Vocational Rehabilitation Amendments (PL#33), and reveals the problems which still exist in extending services to a wide range of the population.

> "The regulations that interpret the Vocational Rehabilitation Amendments of 1965 offer the following rather enticing language:--(disability) includes behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social environment or other factors." (Peckham, 1968, p. 14)

The problem in vocational rehabilitation lies in the fact that most agencies have rather restrictive conceptions of "disability" and "vocational handicap." Even with the 1965 amendments, it is still necessary for a professional practitioner to make a diagnostic assessment of a specific disorder which can be isolated and labeled. (In his article on the nature of disability, Burk (1967) goes into greater detail on this problem.)

It is Peckham's contention that 75% of the existing unemployed in the ghettos of America are eligible for help from the federal and state rehabilitation programs at this time. He maintains that there are two disabilities that have not been identified as such in the usual diagnostic assessment performed for vocational rehabilitation agencies. These two disabilities are "sociogenic retardation" and "sociogenic neurosis." Both disabilities are the direct result of ghetto living and the accompanying destructive social stimuli. An individual who is sociogenically retarded functions in about the same way as a low IQ from a non-ghetto area. An individual suffering from a sociogenic neurosis would also have many of the symptoms of a non-ghetto neurotic.

A new treatment approach will have to be used. This approach would involve a rehabilitation counselor and aides who themselves are members of the ghetto. These aides would be responsible for dealing directly with the client's efforts to re-enter society, i.e., getting out of bed, leaving the tavern.

Peckham also states that the sheltered workshop can be used more effectively with the ghetto population than any other population. However, a new breed of employer is needed that is flexible enough to forget about time clocks during the client's initial adjustment. On the other hand, Peckham recommends that if no favorable progress is made within six months, the client should be removed from his training setting.

Skelton (1968) ran a doctoral study at Texas Technological College which involved a year of observation of the acceptance practices in an experimental, medically-oriented, vocational rehabilitation project. The study was made of only those clients who were referred by medical personnel (94.5% of the 430 applicants).

A description of the major practices of this group were as follows: 1) project counselors did not accept the easier cases more frequently than they did the more difficult cases; 2) applicants with only psychological disorders were generally not accepted; 3) counselors did not study cases that were to be later rejected as completely as those that were to be later accepted; and 4) significant relationships were found between the acceptance and rejection rates of applicants and the number of dependents that they had as well as their previous work.

General Programs of Adult Vocational Rehabilitation

Bauman and Douthit (1968) describe a "Storefront Neighborhood Service Center Program" which is connected with the Lincoln Hospital Mental Health Services. This program is operated by full-time local residents who are trained as community mental health workers. The program has been designed with the realization in mind that vocational counseling must identify the client as a member of a larger group, i.e., family, extended family, or neighborhood, rather than as an isolated individual.

The vocational rehabilitation in this program is concerned not only with clients with emotional handicaps, but also with clients from generally vocationally depressed areas. A program of this type presents a situation in which the usual dichotomies of "...sick vs. well, poor vs. not poor, helper vs. helped, good vs. bad, perhaps even individual vs. environment..." (Bauman, and Douthit, p. 30) are no longer distinct.

The Storefront Neighborhood Service Center has a number of advantages: 1) It provides a close source of emotional support; 2) service center aides are known in the community and are readily welcomes into clients' homes; 3) the aides are able to observe the entire household unit at home and carry on important natural-setting evaluation. (Tests and other traditional measuring procedures used in the past have had limited predictive power of vocational rehabilitation in this population.); 4) locating a service center in a "storefront" gives it an image in the clients mind which helps him define himself as both a consumer and potential employee; and 5) it provides within-community treatment rather than custodial care.

Other aspects of this program have been the development of part-time sheltered work within the community and the use of small-group techniques. The formation of a closed group of seven patients taking part in work-for-pay sessions of sheltered work and weekly group vocational counseling sessions has been found to be helpful to most of the clients.

In line with the current emphasis on using the talent, often hidden, of the ghetto in vocational rehabilitative efforts, the Springfield Action Commission (SAC) has utilized the talent of the community to communicate its own needs to the professional staff who did not have a complete understanding of these needs. McClure (1968) cites an example of a former narcotics pusher who had in the past extended his rather formidable organizational talents over a 1,000 mile radius in his drug-pushing business. These organizational talents were put to social use when he was hired as a staff member for neighborhood organization work.

Unfortunately, many people hired in the ghetto community, although effective workers, cannot be hired outside of the poverty program due to their lack of formal credentials, but there is a trend now for such SAC staffers to take college courses.

Goodman (1968) describes a vocational rehabilitation program carried on by the Jewish Vocational Service of Miami. This program was concerned with developing a workshop which would be used both for intensive evaluation and for prevocational training which would result in placement of the "hard-core" unemployed in on-the-job training situations. The population of the rehabilitation sample used consisted of adults who had never been regularly employed.

The Jewish Vocational Service (JVS) acting as a delegate agency of the Economic Opportunity Program, Inc. (EOPI) in Miami, was responsible for prevocational training and evaluation, furnishing information on employability status, determining appropriate job goals, and getting all trainees used to the daily demands of work routine. The EOPI used staff aides recruited from the neighborhood. The staff aides took a major part in selection, counseling, and teaching activities.

The JVS also worked closely in connection with the Florida State Employment Service to determine the types of jobs which were in short supply for workers in the area from which the trainees came. The training was then subsequently limited to these jobs. With a few exceptions, the training allowances were set at $30 a week. Counseling sessions were held on both a group and an individual basis. Skills and personal characteristics necessary for employment were freely discussed.

There were 280 individuals originally referred to this project. For a number of reasons, this number was cut to 224. Thirty-one clients dropped out before the first two weeks of the program had ended; 36 more dropped out beyond the two weeks' period. Finally, of the 157 trainees left, 62.42% were placed on OJT or direct on-the-job training spots.

It should also be mentioned that 89.1% of this group had one or more primary disabilities. This was a very real problem since there was very little medical care given in the program. Goodman suggested that for future programs of this type there should be close connection with the Division of Vocational Rehabilitation.

Ayers (1967) describes the work of two community agencies in Cleveland, Ohio, concerned with the vocational rehabilitation of public welfare recipients. These agencies are the Cleveland office of the Ohio Bureau of Vocational Rehabilitation and the Hough district office of the Cuyahoga County Welfare Department. After these two agencies combined into a joint BVR and CCWD project, they received a grant for a selected demonstration project from the Vocational Rehabilitation Administration.

The major focus of the BVR-CCWD project was directed towards providing vocational rehabilitation services for welfare recipients who were not motivated to seek out and use them, and who didn't know about employment opportunities. Specific purposes of the project were as follows: 1) identification of individuals in need of, and having potential for, vocational rehabilitation services; 2) the determination of the eligibility for specific services; 3) the determination of the amount of motivation of the clients or the determination of the problems which caused a lack of motivation; 4) channeling of individuals into appropriate services; 5) demonstration of the effectiveness of the rehabilitation techniques; and 6) the continuous modification and evaluation of existing techniques.

Communication problems between the welfare staff and the rehabilitation staff were reduced by making an office available in the Hough district office for both the CCWD and BVR personnel. Also, a rehabilitation unit was established at the Hough district office, which was composed of one supervisor and three caseworkers.

In order to reduce the clients' initial fears, the caseworkers used two approaches. In an introductory casework interview they explained to the client exactly what was going on. Second, they had a group meeting to improve the client's motivation, and let him see that he was part of a group with similar backgrounds and problems in common.

The next aspect of the program included a film, "To Help Themselves," which was shown so that the clients could view the rehabilitation process in action. Following this aspect of the program, the unit supervisor discussed the county welfare department's policies.

Approximately 85 cases had been identified as having the potential for vocational rehabilitation and were receiving diagnostic services when Ayers' article was being written. Thirty-five individuals were waiting for the determination of their medical eligibility, and the remaining 50 had been medically approved. Twenty-three had completed the eligibility and feasibility requirements of BVR and were ready for additional services. Out of this latter group of 23, seven individuals had already received employment and the remaining 16 were involved in various phases of rehabilitation.

Walker (1967) described a program carried on in 1963-1964 by the Minneapolis Rehabilitation Center (MRC), supported by a service contract from the Minnesota State Employment Service (MSES). The MSES selected 170 unemployed who had an average of 11.9 months unemployment.

A characteristic of this population was a large number of chronic and multiple problems. The rehabilitation program gave an average of 11 vocational counseling interviews, eight social work contacts, six group-work sessions, two contacts with a psychologists, and 130 hours in the job-sample workshop. It should also be noted that one-half of these clients needed either medical or psychiatric consultation. The most effective services and the services that the clients were willing to use were as follows: 1) help in making a realistic vocational choice; 2) help with appropriate interviewing behavior and other behaviors related to getting jobs; 3) use of the job-sample workshop in improving work habits, the establishment of job objectives, and increasing self-confidence; 4) group work; 5) medical information; and 6) the caseworker's lessening of environmental pressures.

Of those individuals who finished the program, approximately 70% returned to work and kept their work for a minimum of three months. Forty-six percent of those selected by the MSES never started the program and 19% dropped out before completing the program.

Group Therapy in Vocational Rehabilitation

Treger and Treger (1968) described the use of the small-group approach in vocational rehabilitation. It was felt that it is often unrealistic for vocational rehabilitation counselors to expect that a client will be immediately ready for the rehabilitation process. In order to break down the usual initial resistence of the client, a group of five clients were treated together. They were brought together through referral from the Welfare Department and were told that it was thought that they would benefit from the services of the Department of Vocational Rehabilitation. The group ranged in age from 26-55 and contained four males and one female.

The group members met with a vocational rehabilitation counselor at a community center in their own neighborhood, in order to avoid the problems that accompany a strange and threatening environment such as a downtown office. The first meetings were concerned with building up self-esteem of the clients, so that they would more readily be able to cope with the changes that would occur in their lives during the rehabilitation process.

The clients' frustrations and fears were freely talked about in the group in such a manner that all group members were able to see the commonalty of their experiences. Plans were made to take vocational tests, and related fears of such new experiences were also discussed. Much of the group discussion was centered around problems of interaction with society at large and the ways in which more successful interaction might be achieved. The group acted as catalyst both for the introduction of clients into other activities of the community center and for further rehabilitative efforts on an individual basis with the rehabilitation counselor.

Bass (1967) views the dynamics of group therapy with vocational rehabilitation as valuable in themselves, rather than merely as a means of getting the client interested in an individual contact with the vocational rehabilitation counselor. She points out that group therapy has been neglected within the context of the vocational rehabilitation setting, even though it is uniquely suited for this situation.

The use of role-playing techniques in conjunction with group therapy is especially effective with low income groups who characteristically prefer to solve their problems in an active, physical way. Role playing in this situation aids the clients both in developing spontaneity and in reducing anxiety. One of the major problems of the clients seeking vocational rehabilitation, according to Bass, is that they have not in the past been able to assume an appropriate "work personality." This type of problem is characterized by "...inadequate social skills, inability to get along with co-workers and supervisors, poor interpersonal relations, poor work attitudes, and finally, an inability to see oneself in the role of a worker and to behave appropriately for this role" (Bass, 1967, p. 26).

Group therapy forces the members of the group to deal with each others' problems and perspectives. Hence, there is a greater number of therapeutic situations. There is also more support in the group, since each member identifies to some degree with every other member. In general, group therapy with vocational rehabilitation clients is an important aid to the clients in testing their perception of reality--a process which has in the past been quite difficult for them.

Conceptualization of Vocational Rehabilitation in a Sheltered Workshop

It is the contention of Hallenbeck and Campbell (1966), of the Vocational Guidance and Rehabilitation Services at Cleveland, Ohio, that psychological disabilities are the primary reasons for people needing vocational rehabilitation. They point out that these disabilities are brought on by a number of other factors such as emotional disturbance, retardation, environmental deprivation, and racial prejudice. Hallenbeck and Campbell were concerned with developing a conceptual framework to describe four basic phases of "work adjustment" in a transitional workshop.

They designate the first phase as "settling in." This is the phase in which active involvement of the client has not yet taken place. The client in this phase will typically suffer anxiety due to the strangeness of the setting, have difficulties with the other clients, with supervisors, and with merely staying in the rehabilitation program.

The client must then learn to channel anxiety, immerse himself in the group, handle his aggressions, and reduce his feelings of avoidance by perceiving the situation in a more positive manner. In order to bring about this change the environment must be modified in such a way that it reduces anxiety, provides opportunities for clients to socialize with each other, provides clients with outlets for aggression through group psychotherapy, and increases the positive perception of the setting through paying the client for his work while providing help, encouragement, and flexible working conditions.

The second phase is designated as the "learning" phase. Here, the client begins to conform both in appearance and behavior to the standards of the program. In this phase there will be anxieties about what is expected of him and about his ability in the work situation. There will also be negative feelings about both his peers and the program. The tasks that the client must handle in this phase are the management of negative feelings, a realization of the difference between school and "work adjustment," realistic appraisal of achievements and learning the role of the worker.

The environment must be altered in such a way that what the client has known as a school setting in the past is viewed differently from his "work adjustment" program. The counselors must help reduce negative feelings about the program through individual help and group counseling sessions. The learning situation must be regularly reinforced through pay, explanation of the value of the work, and clarity. Improvement in the client's performance must be provided for by placing him in work which is suitable for him and by pointing out the gains that he has made.

Phase three is designated as the "growth" phase. In this phase an internalization of controls occurs. The client is less dependent upon praise or punishment. The problems that he encounters will be in gaining the motivation to leave the program, freeing himself from dependency feelings, and freeing himself from constant supervision. Gradually, he must internalize most aspects of the program and leave his dependency behind. The environment should be such that "getting a job" is frequently emphasized and is viewed as possible and important. There should be a reinforcement of all efforts on the client's part at independence.

The fourth phase is termed "job readiness." When the client demonstrates that he wants to "get out on his own," he has reached this stage. In this stage the client has the problems of fearing the new job situation, and consequent anxiety about possible failure. These problems will be solved when he is able to replace fear with anticipation of reward and gain a reasonable degree of self-confidence.

The environment must be such that the client is reassured that he can handle both the interview and the job. The client's confidence can also be increased by assuring him that he can still receive help after he has been placed, and by emphasizing his own achievements as well as those of others.

Hershenson (1968), who is on the Board of Directors for the Illinois Association of Rehabilitation, has pointed out that little systematic conceptualization of the therapeutic process which occurs in the sheltered workshop has been offered, and suggests that this therapeutic process could be described in five steps:

> "1. Providing a milieu to which the client may adapt, involving both task and interpersonal assets and difficulties, and their causes;
> 2. Once he has made this adaptation, pointing out to him his work skills and errors, interpersonal assets and difficulties, and their causes;
> 3. Once these problems are worked out, setting limits and goals for the client, in terms of both productivity and relating to other people in the work setting;
> 4. Once attainable limits and goals are set, allowing the client to seek his own level (which should prove to be at or above that set in the prior step); and
> 5. Once the client had arrived at a comfortable, productive level of working, letting him experience the satisfactions involved and come to find meaningfulness in his work." (Hershenson, 1968, p. 26)

Hershenson suggests that there would be a great deal more therapeutic value and accuracy in the measurement of outcome of training if the client were viewed from the beginning in terms of his position in the five steps listed above, rather than in terms of his disabilities.

Vocational Rehabilitation by Self-Help and Basic Education

Burns and Hakanson (1967) describe a program called Creative Job Search Techniques which has aided in the employment of long-term unemployed and under-employed in the age range of 15 to 80. This program was originated by Ray A. Ziegler, Director of the Senior Worker Division of the Oregon Bureau of Labor.

The program has experimented with teaching senior workers various job-search techniques. Later, techniques were developed which motivate these individuals towards self-improvement. As a result of these teaching efforts, three main approaches were formulated. It was found that individuals find jobs most readily if they are: 1) first exposed to labor market facts, 2) understand the businessman's way of viewing employees, and 3) gain self-insight which is both positive and complimentary.

Since 1962, Ziegler has held a weekly class on creative job-search techniques at the Portland, Oregon Community College. The classes are essentially three-hour periods of group counseling and guidance. They have now dealt with more than 20,000 people representing all age groups of the labor force. Some of the most outstanding results are: 1) 11% enrolled in classes at the college level; 2) 15% passed the Oregon equivalency examination for a high school diploma; 3) 14.9% have either began an educational program or achieved high school equivalency; and 4) 90% have successfully used the program to either continue their education or become employed.

Ziegler starts the first session of a class by making the student aware of the many jobs that are constantly available, and also trys to explain the economic system in which the individual lives, as well as the demands it places upon each individual. At the end of the first session, each member of the group is asked to evaluate himself as a prospective worker by answering six open-ended questions, in writing, which are essentially a "self-resume."

During the second session, each student is placed at a table with a student he doesn't know. Together, they examine each others' resumes and efforts at self exploration. Although there is no limit to the number of sessions that an individual may attend, most people get the help that they need in two sessions.

A. J. Colgate (1968), working as a rehabilitation director of Goodwill Industries of Philadelphia, has initiated a program to teach basic educational skills to clients enrolled in the vocational rehabilitative programs at the Goodwill Industries. She first brought the special education talents of E. E. Bateman, Jr. to the Goodwill Industries.

Bateman selected 21 trainees in September, 1966, and divided them into three small classes. The trainees who had in the past experienced many difficulties resulting from their lack of basic educational skills responded enthusiastically to the instruction. Each individual was allowed to progress at his own rate and constant feedback was given throughout the process. The trainees were given general background in science, social studies, economics, mathematics, and literature. Both films and recordings were used to facilitate the instruction. It is difficult to anticipate the long term results of this project, but in the first four months of the program eight trainees were able to be successfully placed in local business and industry.

Vocational Rehabilitation of Youth

Leubling (1967) describes a program of counseling with school dropouts over a three-year period in the Upper West Side of Manhattan. The program was named the Vocational Advisory Service (VAS) and it began in May, 1962. The main goal was to improve the chances of employment for 16 to 18- year-old school dropouts. There was both an experimental group and a control group, but data is not yet available on the control group.

The group was characterized by the usual problems of children from the slum areas. They were low in measured intelligence; many had serious emotional problems and a general inability to cope with society. The general approach of the entire program was to aid the youths with the immediate problems that they themselves recognized and were willing to face. It was recognized that a non-verbal approach was necessary and that short-range goals in which the client could immediately test himself in concrete activities were necessary.

Job placement was tried at the very beginning of the program with little success. Those youths who obtained interviews or actual jobs did not show up, since they were already convinced of their failure.

A sharp contrast existed at the end of the program in that out of 338 clients, 252 (75%) were hired in jobs. Thirty-two percent of the placements lasted a month, 15% lasted from 1-2 months, 11% lasted from 2-6 months, and 6% lasted from 6 months to over a year. It was also interesting to note that 15% had gone back to school. This was quite remarkable in that all clients initially felt that they would never again go near a school.

Bartlett (1968) of the University of Notre Dame, examined vocational maturity and related personality variables of a group of Manpower Trainees. He used Crites' (1961) definition of vocational maturity which comprises: 1) the degree of involvement in the process of vocational choice; 2) the orientation towards vocational choice; 3) the independence in the process of decision making; 4) the preferences for factors in vocational choice; and 5) the conceptions of vocational choice. The Vocational Development Inventory (VDI), (Crites, 1965), used by Bartlett was developed on the above definition of vocational maturity.

The Vocational Maturity (VM) scores of the trainees were related to 300 adjectives of the Adjective Check List (ACL). There were 81 females and 69 males ranging in ages from 16 to 21. The subjects were divided into three groups of 50 each. The three groups were: 1) high VM scores; 2) middle VM scores; and 3) low VM scores. Following this division, the subjects were analyzed in terms of the personality variables.

Using F ratios in a one-way analysis of variance, the following results were obtained: 1) no significant differences in the age factor; 2) a significant difference in educational attainment among the groups as a result of higher VM scores being associated with higher educational attainment; 3) higher VM scores were associated with self-confidence, achievement, dominance, and autonomy; 4) abasement and deference were inversely related to high VM scores; 5) high VM scores indicated that the subjects were more assertive, persistent, goal oriented, forceful and independent, less self-critical, and less persevering.

Bartlett concluded from this study that the development of vocational behavior is very much similar to the development of mature characteristics of personality.

Wallace (1967) ran a doctoral study concerned with determining the relationship of job satisfaction to training within a MDTA experimental program in vocational rehabilitation for school dropout youth.

Job satisfaction was measured by the Brayfield-Rothe Job Satisfaction Blank a year after the youths had completed their training. Differences in many personal characteristics were controlled by the use of a multiple analysis of covariance and the following tests: 1) General Aptitude Test Battery; 2) Kuder Personal Preference Record; 3) IPAT Anxiety; 4) California Test of Personality; 5) Social Class Value Orientations; and 6) Rural-Urban Orientation.

It was concluded, when trainees were measured a year after their training and the differences in personal characteristics were statistically corrected, that program treatment had no significant effect on the trainees' job satisfaction scores.

One of the most important findings was that when the work situation and the personal characteristics variables were combined, they made up 51% of the variance associated with job satisfaction.

Vocational Rehabilitation of Older Workers

Fendell (1967) describes a sheltered workshop for retarded youth that is staffed with aids on a one-for-one basis with the trainees. The real novelty of this workshop is that the aids are all over 60 years of age and desperately wanted work for both economic and emotional reasons. The program is an example of an employment opportunity for older workers which at the same time is a potential solution to the problem of understaffed institutions.

This sheltered workshop in Manchester, Connecticut, is the result of the new federal program to take five and one-half million citizens over 60 years of age out of poverty. The aides are called foster grandparents and provide greatly needed individualized attention for the retardates. Special educators have agreed that a one-to-one relationship of this type is ideal for forming new habits, and learning new ideas and attitudes for the mentally retarded. Here, two deprived groups are mutually benefiting each other in a vocationally rehabilitative process.

Fenderson (1966) ran a doctoral study concerned with the relationship of an extent of employment criterion to medical, personal, social and psychological variables for Social Security Disability pension applicants whose claims were denied.

The population consisted of 685 physically disabled applicants for Social Security benefits. Of these, 126 individuals who had been denied benefits were selected for study from a 370-person follow-up sample.

Of the 58 females in the group of 126 individuals turned down for benefits, only 14% returned to full or near full-time employment. Of the 16 males over age 60, only one returned to full-time employment.

Some of the major results of this study were: 1) no personal history variables were related to the employment criterion for females; 2) for men, the rating of the client's attitude toward work was highly related to being employed, as was his own view of his ability to keep a job; 3) for men, the average length of stay on a job was negatively related to the employment criterion.

Vocational Rehabilitation of Alcoholics

Jones (1967) maintains that the failure of vocational rehabilitation attempts with alcoholics is often the result of the vocational rehabilitation counselor's low expectations for the alcoholic's success. Both federal and state requirements expect a certain number of "successful" cases to come from each vocational rehabilitation center, and it has been the experience of most programs that they were not able to achieve a very high rate of success with alcoholics. Consequently, administrative officers are hesitant to designate alcoholism as a vocational handicap. Jones believes that this tendency is often used in turn by the counselor to justify avoiding the treatment of alcoholics. He then lists two state programs that have achieved some success in the vocational rehabilitation of alcoholics--Florida's program and Louisiana's program at Pineville.

Florida has been working in the field since 1959 and claims 34% successful vocational rehabilitation. A study of the Florida program came to the following conclusions: 1) alcoholism is an illness that is treatable; 2) both vocational problems and drinking problems are interrelated; 3) alcoholism should be regarded as a vocational disability; 4) this disability, like other disabilities, is responsive to vocational rehabilitation; 5) the alcoholics treated were more seriously disabled by their alcoholism than those alcoholics that did not request vocational help, but were still able to achieve gainful employment.

A newer program at Louisiana has found some success by taking the following attitude with the alcoholics:

> "You have a disability. Some help is available. Most of your rehabilitation is up to you, but within the scope of our present knowledge, we are willing to try to help you." (Jones, 1967, p. 22)

Jones went on to make a number of recommendations for the vocational rehabilitation of alcoholics, from his 12 years of experience in the field. The core of these recommendations can be summarized as follows:

1) If the alcoholic has had a relatively "respectable" position in society in the past, he has a much better chance of regaining that position.
2) The alcoholic must be motivated and when motivation drops, it is suggested that there be a forced commitment to a rehabilitation program.
3) The counselor should accept the alcoholic honestly and frankly but maintain an optimistic atmosphere.
4) Sympathy and pity are to be avoided.
5) There should be an attempt to get the client to accept a vocation in which he feels comfortable.
6) The counselor should stay with the alcoholic when he slips into heavy drinking periods, and not hesitate to use such services as Alcoholics Anonymous.
7) The counselor should avoid prejudgment of the alcoholic.
8) The counselor should be honest but brief in describing his client to an employer, with emphasis on the client's skills, not his case history.

9) Vocational rehabilitation centers should concern themselves more with research.

10) There should be more training programs concerned with the treatment of alcoholics.

11) It is suggested that every effort should be made to keep the alcoholic on a present job rather than having the alcoholic go through the entire job-seeking process.

12) Research should be done on the information that has already been collected during the past treatment of alcoholics.

13) Research should be done on the characteristics of counselors who have been successful in the treatment of alcoholics.

Katz (1966) described a vocational rehabilitation program for alcoholics within the context of a Salvation Army Men's Social Service Center in San Francisco, California. The characteristics of the 300 men who were included in the sample are similar to those of any other group of homeless and jailed alcoholics. However, their educational and past occupational levels were higher than usual for a group of this type, and were in many ways similar to samples of outpatient clinics.

After this group received a number of counseling sessions and other services in the program, a follow-up study was made. This study indicated that about two-thirds of the group reported increased abstinence and a 40% increase in employment. Their earnings also increased and there was a decrease in both the amount of institutionalization and residential mobility.

Those individuals who improved tended to stay in the program longer, were highly motivated, had socialized in prison, and had utilized, in particular, the vocational counseling part of the program. Katz seemed to feel that a widely varied program was best with a population of this type.

Charles Van Fleet (1967) of the Nebraska Psychiatric Institute in Omaha, Nebraska, believes that the most important aspect of the vocational rehabilitation of the alocholic is the counselor's aid in helping the client upgrade his self-image. This is best done through raising his vocational objectives and improving his achievement record. The counselor must recognize that the alcoholic needs a great deal of support from him. A client's program should not be terminated because he goes on a "binge" for a few days, but, instead, he should be given the opportunity to show that he can increase his periods of sobriety. Van Fleet regards these increased periods of sobriety as one of the best indications that the client is mastering his disability.

Predictive Studies in Vocational Rehabilitation

Spergel and Leshner (1968) reported a testing method for determining those characteristics associated with employability of individuals seeking vocational rehabilitation services. Over a ten-year period, the work adjustment center of the Philadelphia Jewish Employment and Vocational Service developed a series of graded industrial tasks which were used to measure both personality characteristics and aptitudinal factors. These were found to be ideal for the type of population with marked educational and cultural impairments and reduced the fear associated with the usual testing situation.

A wide range of work samples were used in this measurement procedure, from the simplest of structured operations to difficult operations involving symbols and abstractions. Spergel and Leshner give Walter Neff's (1966) definition of a "work sample," which is essentially a "mock up" of an actual job setting, duplicating the essential dynamics of the actual work task. This type of situation is much less threatening for a handicapped group, and yet provides an excellent way of measuring and testing their abilities.

There are a total of 128 work tasks, including a short battery of 25 tasks. Scaling has been done on a five-point continuum. Levels I and II are demanding in both a cognitive and emotional sense; Level III is average; Level IV involves no work samples which take forethought or organizational ability and insight. Theoretically, there is a Level V (the bottom 10% of the population) but no work-sample measure has been developed for that level. Every work sample is given individually. The tester maintains a permissive and informal manner, but the task is given within a realistic industrial setting. The authors felt that this test was one of the most realistic and effective ways of evaluating the potential of vocationally disabled individuals.

Moed (1967) ran a doctoral study at New York University concerned with predicting final-performance rating of a comprehensive vocational rehabilitation evaluation by the following prediction variables: 1) age, 2) sex, 3) years of education, 4) time unemployed prior to the evaluation, 5) length of time disabled, 6) general mental ability, 7) the ability to perceive and reproduce geometric designs, 8) spatial visualization, and 9) four measures of manual dexterity. The sample consisted of 300 disabled individuals who had completed the vocational rehabilitation evaluation form at the Institute for the Crippled and Disabled, and had been rehabilitated or not rehabilitated.

A multiple regression equation was found that made use of four of the above 13 variables. These four variables were: 1) manual dexterity, 2) spatial visualization, 3) sex, and 4) time employed. Predictions made on the basis of the multiple regression equation were found to be highly correlated with the actual criteria and were found to be significantly more efficient than the single best predictor.

Stein (1967) ran a study which was concerned with developing both an index of vocational rehabilitation potential and a differential success criterion. The sample was drawn from 1,362 cases in the files of the Vocational Rehabilitation Service of the Veterans Administration Hospital at Minneapolis, Minnesota. For 1,020 of these cases, follow-up information was obtained. Data for each case was recorded on 23 pre-counseling predictor variables. From a two year follow-up questionnaire, current job status, length of time on the longest job held since hospital discharge, and number of jobs held since the discharge were recorded. Then, eleven categorical work-adjustment descriptions were made, and these were subsequently ranked by 10 counselors in terms of their value to economic society.

The first part of the study was concerned with prediction of vocational success on the basis of pre-counseling predictor variables. The 23 pre-counseling variables were used to effectively predict the rank of any individual in one of the elven categorical work-adjustment descriptions. A sensitive criterion device was constructed to test for counselor success. The outcome that was expected was compared to the actual outcome observed in the follow-up period. Then, the difference between these two was assessed to determine the degree of counseling success. This index was much more sensitive than an unemployed-employed criterion. Using the former, more sensitive criterion, the following results were found:

> "...significant differences (.005) were found among counselors in terms of their counseling success rates. When intercounselor differences were held constant, significant differences (.05 level) were also found between number of counseling contacts and case success rates. Counselor experience, as defined by this study, was not found to be related to case success. No significant differences were found using the employed-unemployed criterion." (Stein, 1967, 2864)

Cheatham (1967) ran a doctoral study concerned with predicting successful vocational rehabilitation on the basis of 16 variables related to the personal characteristics of vocational rehabilitation clients. The subjects were 864 former Oregon Department of Vocational Rehabilitation Clients whose cases had been closed. Six hundred ninety-seven of these clients were designated as rehabilitated, and 167 were designated as non-rehabilitated.

The data was analyzed by a chi-square test of independence within each table, after it had been grouped into contingency tables. The results showed that nine personal characteristics were related to whether a client became rehabilitated or was not rehabilitated. The following are the directional results:

> "At intake, a larger percentage of the rehabilitants than the non-rehabilitants: 1. Were being supported primarily by private (rather than public) funds. 2. Had completed 10 or more years of education. 3. Were receiving no public assistance funds from Federal sources. 4. Were working. 5. Were under 35 years of age. 6. Were receiving no public assistance funds from non-Federal sources. 8. Had not made application for OASI disability benefits." (Cheatham, 1967, 3608)

The following characteristics did not reach the .05 probability level: 1) history of rehabilitation, 2) major disabling condition, 3) existence of a secondary disabling condition, 4) mobility status, 5) marital status, 6) sex, and 7) number of dependents.

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CHAPTER II

A Description of the San Antonio Rehabilitation-Welfare Demonstration and Research Project

Purpose

The original purpose of this research demonstration project was to increase the number of disabled applicants for public assistance grants who are able to earn their own living as a result of vocational rehabilitation and associated services provided by the Texas Education Agency's Division of Vocational Rehabilitation, the Texas Department of Public Welfare and other cooperating agencies. It was expected that this project would apply and extend the knowledge previously developed by research, demonstration, and service projects in the field of vocational rehabilitation.

Objective

The central objective set forth for the project was to demonstrate what might result from intensive and, if necessary, long-time work with families receiving an AFDC (Aid for Families with Dependent Children) grant wherein incapacity is a factor. The specific project objectives identified in the original plan were:

1. Establish a systematic method of identifying those public assistance applicants and/or recipients who are potential candidates for vocational rehabilitation;

2. Develop and maintain an effective inter-agency operating pattern for the correlation of agency services for the optimum vocational rehabilitation opportunities;
3. Develop fully an adequate medical-psychological-social-vocational rehabilitation evaluation of disabled public welfare clients;
4. Provide, promptly, sufficient high-quality rehabilitation services to these needy eligible persons through a coordinated plan of service, building toward optimum adjustment according to the individual and family needs and potentials;
5. Compile and analyze data pertaining to the clients served through this project in relationship to costs and results;
6. Appraise the usefulness, strengths, problems and contributions of the project methods and techniques;
7. Provide, promptly, intensive care for each family in order to insure sufficient high quality of rehabilitation efforts;
8. Build toward the optimum adjustment in intra-family relationships and quality of child care;
9. Establish a research aspect of the project to measure and evaluate not only results but causes for failures, and to find more appropriate methods of approach;
10. Determine ethnic characteristics of the Latin-American clients that may deter or accelerate possibilities of vocational rehabilitation.

Justification and Scope

Our nation is in a period of great change and growth; and yet somehow, one person in twenty-five is being left at the starting point in the race toward an increasingly affluent society. Some eight million people are part of a swelling tide in need of welfare assistance; and among these, some of the most disadvantaged and resigned are the multihandicapped AFDC recipients of our nation.

The administrative heads and respective staffs of the State Department of Public Welfare and the Texas Education Agency, Division of Vocational Rehabilitation recognized the need and set out to study the problem in Texas. For years, the number of first and second-generation families on welfare had drawn the concern of social workers, sociologists, economists and legislators. A number of cooperative projects over the nation had been implemented; and, on the basis of available knowledge, experience and local need, the San Antonio area came under scrutiny.

The AFDC population in San Antonio is the largest in the State of Texas, numbering over 3200 family heads, of which twenty-five percent are disabled males and seventy-five percent females with a high disability incidence. This represents a sizable family population just short of 17,000 in this city of nearly 700,000 population. On the basis of such facts, along with the plans of L. T. Johnston of the Rehabilitation Department and Thurman Covey of the Welfare Department, Robert B. Beck implemented the San Antonio Cooperative Project in 1964 with the aid of Vocational Rehabilitation Administration Grant RD 1513. A preliminary study of the project sampling in 1965 showed the clientele to be ninety percent Latin American, seven percent Negro, and three percent Anglo. This contrasts with the overall population which included only a slight majority for people of Latin American extraction over those of Anglo-German extraction. The Negro population of the city was about fifteen percent. One project client in every five had a police record, the average number of dependents was 5.17, the average claimed educational level was near sixth grade, and the average age was 38.6 years. Some had been childhood members of a welfare family. A sizable number of the sampling were of the type known as "hard-core" cases; because in addition to various vocational handicaps, this type had lost, or had never acquired, the will to work toward independence. Many had multiple disabilities of some degree and a complexity of vocational handicaps.

The environmental center for most of the AFDC dependent population is San Antonio's west side, a region settled largely by Latin Americans. The vocational instability of the environment can be judged by the estimate that some fifteen thousand families are migratory workers. A like number is said to be technically unemployed, earning less than one thousand dollars per year. A representative annual salary according to 1960 census in west-side, high birth-rate areas was $2881. One census tract showed a median annual salary of $1720; median number of years schooling, four, for those over twenty-five; and a birth rate comparable to Asia at thirty-six live births per thousand population. The birth rate averages forty-four per thousand population, with one census tract showing a rate of sixty-eight per thousand. In contrast, the birth rate for the United States is twenty-five. The median level of schooling for persons over twenty-five living in west-side, high birth-rate areas is about five years. Public housing is advantageous for many of these people; but privately owned rent houses in pockets on the west, south, and east sides seldom rent for more than thirty dollars per month. Because of the large number of disadvantaged people willing to work and live day by day, San Antonio is characterized as having a cheap labor market. In spite of cheap labor, San Antonio has a disproportionately smaller amount of industry than the total population might seem to indicate. The economic strength is mainly from military and civil-service payrolls from the many military installations clustered around the city. The historical and quaint features, such as the Alamo, the Venice-like water way, the Spanish Governor's Palace, the cathedrals, and other sights, made the city a heavy year-round tourist attraction even before the advent of HemisFair, in 1968. Employment roles show sixty-three thousand on the federal payroll, sixty-one thousand in trade, twenty-nine thousand in services, twenty-six thousand in manufacturing, and thirteen thousand in construction. Over the past years, sophistication of the local industry and advanced practices at military installations have raised the work qualification standards significantly. The opportunity gap has widened between the low wage earner and the middle-to-higher level wage earner. Thus, low wage earners and, even more so, the disabled AFDC recipient population, find the technological explosion pushing mediocre jobs out of reach; while a population explosion in the ranks continues to increase the hazards of family deprivation and frustration.

The full resources and efforts of the two prime agencies, along with other available community resources, were focused on this target population. The advantages of specialization on matters relating to the family and the breadwinner was heightened by a workable plan of service and research. During the report period, a composite staff of two DPW caseworkers, a DPW Supervisor, two VR counselors (with one doubling as Project Director), and clerical workers were jointly housed in a Federal Housing Project and carried out the plan. Many others assisted, helping to make the project an effective force in the community.

Demonstration

Rationale

Three assumptions were initially identified as a basis for project functions. The first of these was the premise that the geo-eco-socio-logical environment had the necessary opportunities for the given population of dependent people to become independent.

Interpretation of this assumption implied that professional techniques were necessary to facilitate use of environmental opportunities. In application, the following question was posed: "What is the project personnel's responsibility to disadvantaged people with regard to job placement?"

Given that the goal of rehabilitation programs was functional independence for clientele served, then the primary responsibility for such activity should basically be engendered in, and remain with, the client and his family. Logically, it would follow that the primary role of project personnel was first to guide and offer new opportunities to individuals who had not been able to resolve their problems by themselves, then to utilize counseling and intensive casework to help them perceive these opportunities as such. On this basis, the operational supposition was that project personnel would work actively toward improving living standards, search for new job opportunities, and endeavor to upgrade the disabled person's skills and functional levels.

The second basic assumption was that the acquisition and nature of information about clientele and their circumstances should be reasonably adequate, reliable, and valid. Relative to this assumption was the question, "What evaluation criteria will be used to gather the information?"

Prior to proof of reliability and validity, some arbitrary selection of evaluational criteria was made on the basis of available reports and experience. It was expected that application of appropriate research methods and techniques might result in identifying causative factors relative to existing circumstances. Depending on the nature of specific factors, the relationship could be either an asset or a liability. In this project the observed circumstances happen to be a state of client dependency; therefore, it was expected that many factors contributed to the debilitating condition. In general, it would be considered unusual for only one factor or problem to cause a state of dependency. For example, one man with a heart condition might be dependent on public assistance, yet many others with heart conditions remain independent. In a given case the debilitating condition most likely includes some combination of personal, social, educational, physical, mental, economic, geographical, and other circumstances.

The probability that most dependencies result from a complexity of variables makes it desirable to identify as many of these variables as possible. Since research might result in the capability for predicting either failure or success, the evaluation process should identify assets as well as liabilities. Also, such an evaluation system was assumed to be a valid basis for reaching the functional goal in which the clientele is helped to manipulate or alter factors to its advantage.

Another consideration in the reliability and validity of information describing clientele is that assessment is based largely on judgment. Since the investigation of human behavior based on judgments characteristically carries the connotation that it produces second-rate information, some thought and preparation was directed toward maximum objectivity in discrimination. For example, it was anticipated that a medical doctor would review the medical evidence and make professional research ratings for a client's physical status, that social caseworkers would assess family conditions and make similar professional research ratings, and that rehabilitation counselors would assess those conditions and attributes of the client having relevance for his productivity level and potential. In addition, the development of discrimination scales was expected to strengthen the assumption that valid judgments can be made in areas of specialization by professional people.

The third basic assumption was that the services rendered by the participating agencies are identifiable and complementary. Implied in this assumption are the following questions: What will be the primary responsibilities of DVR personnel and, likewise, the responsibilities of DPW personnel? What approach needs to be employed in order to integrate the activities of these two agencies? The approach chosen included identification of the goals for the respective agency personnel.

What are the functional goals for these two agencies? Policies of both agencies express a desire to enhance, improve, and offer significant services to their clientele. For DPW, the concern for helping people so as to remove reasons for dependency is as great as that evidenced in the DVR program. Therefore, the specific goals of the different personnel units would not be identified if one were simply to say that the joint goal of the two agencies is to remove those factors which cause dependency, even though it is understood that this is the major goal of demonstration programming for the project.

By taking two expressed purposes of the participating agencies--(1) aid to families of dependent children, and (2) rehabilitation of disabled individuals--and by manipulating to some extent pertinent concepts, goals were evolved for the respective members of the project team. The assumption was maintained that responsibilities of DVR personnel are primarily to the individual client, while responsibilities of DPW personnel are primarily to that individual's family. Therefore, the goal for rehabilitation activities relative to the client is to offer opportunities he needs to become productive. As its counterpart, the goal for services to the family is to offer opportunities so that adequate functional levels of living for the family can be achieved. In Table 2 responsibilities for the respective personnel units are identified.

Finally, two points were considered necessary to facilitate and maintain effective communication between team members. First, the inter-personal relations between team members should be such as to allow freedom of thought. (Good inter-personnel relations were recognized as being so important that, if effective work is to be done, each team member must actually feel that he is as important to the project as any other member, but that he needs their help and assistance, just as they need his.) Secondly, a system of day-to-day communication pertaining to identification of problems and services should be such that each team worker can keep track of what services are being offered to whom and when they are offered by other staff members.

TABLE 2

Respective Team Members' Goals

Primary Project Responsibilities

DVR Personnel	DPW Personnel
TO THE INDIVIDUAL (Goal - Productivity)	TO THE FAMILY (Goal - Adequate Living Standards)
Primary Responsibilities	Primary Responsibilities
1. Identification of individual's problems.	1. Identification of familial problems.
2. Identification of individual's desires and abilities.	2. Identification of family's desires and potentials.
3. Services rendered to take advantage of assets and limit liabilities, so as to upgrade the individual's functioning.	3. Services rendered to take advantage of assets and limit liabilities, so as to upgrade the functioning of the family.

Design for Research

Prior to the actual formulation of the research design, attention was given to identification of a philosophy or theoretical base from which the design might evolve. The basic issue on which this endeavor focused was: does one design so that the results of demonstration can be analyzed, or does one "draw blueprints" so as to satisfy fully the dictates of pure research methodologies?

The policy which states that the project is obligated to offer its services to all eligible referrals who need and will use project services was a determining force in deciding which analytical "posture" to take. It was expected that difficulties would be experienced in evolving an experimental system which was analyzable but, at the same time, not discriminatory toward clients. For example, a control group would have denied some clients the full services needed for regaining independence. For this reason the decision was made to concentrate on developing a design which might improve predictive capability from evaluational research as well as reach the rehabilitation objectives identified in the preceding pages.

Among the ten specific objectives proposed were a number having special relevance for evaluation research. The most salient of these objectives were:

1. Develop an adequate medical-psychological-social-vocational rehabilitation evaluation.

2. Compile and analyze data pertaining to the clients served in relationship to costs and results.
3. Appraise the usefulness of the project's methods.
4. Measure and evaluate results and causes for failures.

The problem of developing an adequate medical-psychological-social-vocational rehabilitation evaluation was perceived as being a key issue for design development. Inherent in this problem were thought to be the following questions:

1. What is an adequate medical-psychological-social-vocational rehabilitation evaluation?
2. Is it administratively and financially feasible to do a comprehensive evaluation on each referral and his family?
3. Who will do what portion of this evaluation?
4. How can the project effectively use SDPW-DVR personnel to meet this obligation?
5. How can the project effectively use consultant services to meet this obligation?

The approach was based on the premise that research should be utilized to develop an adequate evaluation. The project personnel assumed that development of a comprehensive client evaluation would be a lengthy and complex process.

For design purposes, the necessity of developing criteria for such an evaluation was deemed mandatory. Identification of as many variables as was possible and feasible received first priority. This "shotgun approach" was considered practicable with the use of factor analysis methodologies. By using factor analysis, reliability (and apparent validity) was anticipated through the reduction of a multitude of variables to some key predictors. It was expected that, if these predictors would predict the likelihood of success or failure, then inferences could be made regarding the adequacy of the evaluation process.

The second research phase included multiple linear regression analysis techniques so as to allow a comparison of success and failure cases. In order to accomplish this, variables which defined success and failure had to be found. A decision was made to use certain criteria from data reporting sheets previously developed by the Vocational Rehabilitation Administration. Gainful employment was selected as the main criterion of success.

The following controls were included in the plan:

A. All referrals to the project would participate in the comprehensive evaluation process.

B. Persons to be referred for project services would be drawn from Bexar County recipients of, and/or applicants for Aid for Families with Dependent Children public assistance grants.

C. The upper age limit for referrals to the project would be 60 years.

D. Project activities would terminate if one or more of the following conditions were disclosed:

1. a medically indicated terminal illness;
2. confinement to an institution, when confinement is expected to be of long or indefinite duration;
3. medical evidence that any program of rehabilitation would exacerbate materially the individual's physical or mental condition;
4. a combination of disabilities which would make the individual's vocational rehabilitation possibilities extremely remote;
5. psychiatrically or psychologically diagnosed mental functioning at such a low or unrealistic level that rehabilitation possibilities would seem to be absent or extremely remote.

E. A parent population survey was conducted for the purpose of determining the extent to which referrals to the project were representative.

F. Prior to the use of evaluation criteria and success and failure criteria, consultants (recognized experts) reviewed, edited, modified, and/or expanded the rating systems.

G. Who would do which ratings was specified.

H. No counselor or caseworker would have over 60 clients at any given time.

I. A follow-up study has been included in project plans for the purpose of validation of findings.

J. If a referred individual were continued by the project beyond the evaluation stage, he would be provided such intensive diagnostic and rehabilitation services as appeared appropriate in the judgment of the professional staff members.

Evaluation criteria. At an early meeting of the project's professional staff with the project's special consultants, decisions were made concerning the specific variables for which data should be required for each client with whom the project personnel worked. The Diagnostic Evaluation Format made provision for the recording of data pertaining to 50 separate variables in categorical form (e.g., Male or Female); as ratings on 9-point scales (e.g., "Time Management": Rating of "1" - Total misuse of time; Rating of "9" - Soundly preplanned time usage...). The client variables assessed by the Diagnostic Evaluation Format for this project are named in Table 3.

Cooperative Plan

A plan for welding the routine policies and procedures of separate agencies into a compatible and effective project was essential to carrying out research and demonstration. With the cooperation of personnel at all levels, working guidelines were developed so that the efforts and resources of both agencies

TABLE 3

Client Data Required by Diagnostic Evaluation Format (DEF)

Variables

I. Marker Information

1. Sex
2. Race or Ethnic Group
3. Religious Group and Participation
4. Housing Quality
5. Primary Language
6. Marital Status
7. Police Record
8. References
9. Work History
10. Prior Vocational Training
11. Previous Rehabilitation Experience
12. Telephone
13. Years in School
14. Number Dependents
15. $ Total Welfare
16. $ Monthly Welfare
17. Months on Welfare
18. Year of birth
19. Age in years

II. Appearance Ratings

20. Personal Hygiene
21. Clothing
22. Aesthetic

III. Physical Status Ratings

23. Oral Hygiene
24. Muscle
25. Bone
26. Respiratory
27. Cardiovascular
28. G.I. & G.U. Systems
29. Endocrine and Weight
30. Neuro-sensory
31. Vision
32. Hearing

IV. Mental Aptitude & Academic Ratings

33. Numerical
34. Verbal
35. General
36. Intellectual Functioning
37. Perception
38. Manual Dexterity

V. Emotionality Ratings

39. Projective

Attitude Ratings toward:

40. Family
41. Government
42. Training
43. Child Education

VI. Family Status Ratings

44. Affection

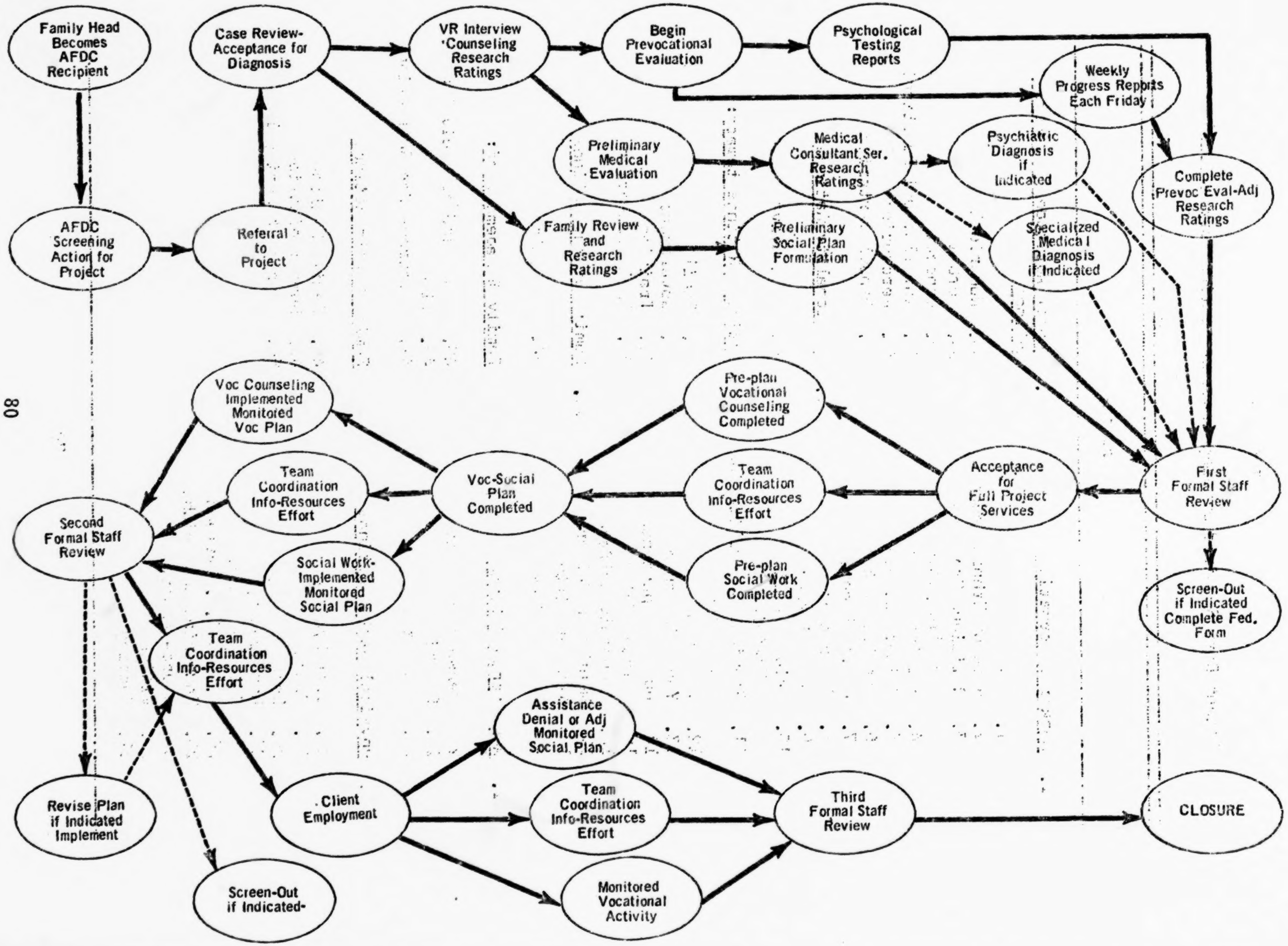
Family Management of:

45. Money and/or Equivalent
46. Time
47. Resources for Recreation

Family Health Ratings

48. Family Hygiene
49. Home Sanitation
50. Degree of Family Illness

WELFARE – REHABILITATION COOPERATIVE PLAN
CHART 1


Family Head Becomes AFDC Recipient
AFDC Screening Action for Project
Referral to Project
Case Review-Acceptance for Diagnosis
VR Interview Counseling Research Ratings
Begin Prevocational Evaluation
Psychological Testing Reports
Weekly Progress Reports Each Friday
Complete Prevoc Eval-Adj Research Ratings
Preliminary Medical Evaluation
Medical Consultant Ser. Research Ratings
Psychiatric Diagnosis if Indicated
Specialized Medical Diagnosis if Indicated
Family Review and Research Ratings
Preliminary Social Plan Formulation
First Formal Staff Review
Screen-Out if Indicated Complete Fed. Form
Acceptance for Full Project Services
Pre-plan Vocational Counseling Completed
Team Coordination Info-Resources Effort
Pre-plan Social Work Completed
Voc-Social Plan Completed
Voc Counseling Implemented Monitored Voc Plan
Team Coordination Info-Resources Effort
Social Work-Implemented Monitored Social Plan
Second Formal Staff Review
Team Coordination Info-Resources Effort
Revise Plan if Indicated Implement
Screen-Out if Indicated-
Client Employment
Assistance Denial or Adj Monitored Social Plan
Team Coordination Info-Resources Effort
Monitored Vocational Activity
Third Formal Staff Review
CLOSURE

could be focused directly on the client and family. In addition to the routine specialized services of the parent agencies and the available community resources, several special features were set out. These included a team approach, intensive case service, pre-vocational evaluational adjustment services and the comprehensive client-family research evaluation and rating system. Essentially, the proposed cooperative plan centered point blank on the client and family with more and better-coordinated services and attention.

The team approach was expected to provide better coordination of efforts and more effective service. Joint housing set the stage for this type of cooperation and was expected to educate counselor-caseworker teams in mutual problems. Individual team member goals were set out in appropriate functional tasks, as stated before, so that members would not lose identity as specialists in their fields. The team members were expected, however, to identify themselves completely with integrated client-centered team goals.

Intensive case service was included as another means to reduce some of the characteristic limitations of the AFDC clientele. Emotional disturbance, lack of confidence, and self-esteem, passive resistance to change, and general lack of motivation indicated that more contacts than usual would be necessary. No rigid guideline was established on the number of contacts because individual differences were so wide.

The prevocational evaluation-adjustment services and research ratings will be discussed later in the detailed explanation of the cooperative plan. At this point, it should be apparent to the reader that the application of the full spectrum of dual-agency (Project) services and activities is an extremely complex operation. Lack of proper timing alone could disrupt or terminate a rehabilitation plan. Because of the complexity of the task, a modified version of the Program Evaluation and Review Technique was used to illustrate graphically the Welfare-Rehabilitation Cooperative Plan.

The Cooperative Plan can best be described as a precise network of dual-agency functional activities designed to encourage and assist dependent people in realizing their potential in self-sufficient and independent living. Each ellipse shown on the plan indicates some event or functional activity. Starting from the event where "family head becomes AFDC recipient," the solid directional line represents an "action" line leading to the accomplishment of one or more succeeding events. Conditional events or functions which may or may not be appropriate in a given case are shown in dashed lines. Any given event or action is possible only after the indicated preceding activity is completed, and its accomplishment automatically sets off subsequent activity along indicated lines of action. In order to appreciate the total involvement depicted by each activity line leading to accomplishment of an event, one must realize that a multitude of supporting details must be accomplished and that these details might be graphically expanded in a network as large as the basic plan. The cooperative plan will be discussed step by step with sufficient detail to give a reasonable picture of operational procedures.

Demonstration Procedures

The case cycle. When a family head met the welfare criteria for becoming an AFDC recipient, he or she was automatically eligible to be considered for referral to the project. Approximately 10 to 25% of the 3000-plus AFDC recipients were men meeting the existing SDPW eligibility requirements for two-parent household, "where...deprivation is established, [and] the head of the household is unable to pursue a gainful occupation...." Male eligibility was established by the SDPW Medical Services Division. Eligibility for the female portion of the AFDC population was determined by the general caseworker on criteria other than medical such as death, desertion or incarceration of the father.

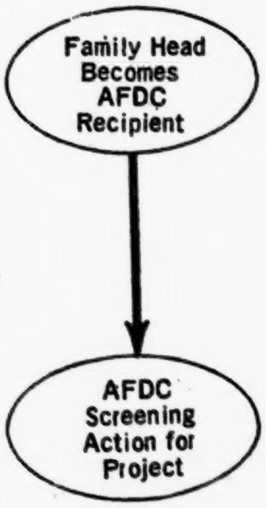

Family Head Becomes AFDC Recipient
AFDC Screening Action for Project

Figure 1

The regular caseworker was also responsible for making referrals to the project. For research purposes, the screening criteria for approximately a random sampling of the target population was limited by only two requirements. The client was required to be less than 61 years of age and to have some apparent or assumed disability.

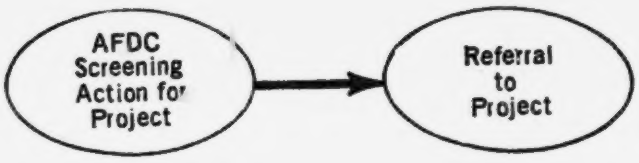

AFDC
Screening
Action for
Project
Referral
to
Project

Figure 2

Referral to the Project was arranged through supervisory channels to the Project SDPW Supervisor. Certain preparatory work prior to referral was considered an inherent part of case work. This included medical reports for male recipients, male AFDC eligibility information, apprising the client of opportunities, assessing cooperativeness, adequate depth to social study and good social summary.

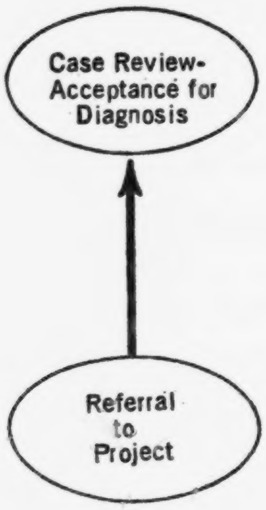

Case Review-
Acceptance for
Diagnosis
Referral
to
Project

Figure 3

Case Review in the Project was accomplished by the SDPW Supervisor and Project Director. The main considerations were to review age, readiness, and compatibility of service with State law and agency policy. In most instances, clients were scheduled for diagnostic services. In practice the caseworker established rapport with the client and then introduced the person to the counselor for initial DVR interview and counseling.

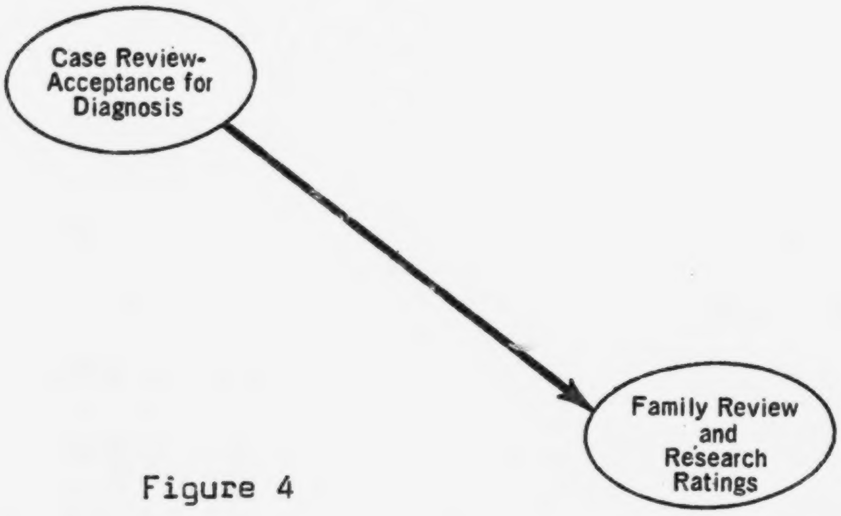

Case Review-
Acceptance for
Diagnosis
Family Review
and
Research
Ratings

Figure 4

Family review and research ratings were accomplished simultaneously with other diagnostic procedures. Timing was important in that the home review was planned to be no later than ten days after the client started prevocational classes. (Research ratings at a later time could be affected by class attendance.)

In addition to, and along with, routine social diagnosis, assessments and recording, the caseworker obtained marker data and evaluated the family using research variables on the Diagnostic Evaluation Format as follows: (4) Housing Quality, (7) Police Record, (14) Number of dependents, (15) Total Welfare, (16) Monthly Welfare, (17) Months on Welfare, (43) Child Education, (44) Affection, (45) Money and/or Equivalent, (46) Time, (47) Resources for Recreation, (48) Family Hygiene, (49) Home Sanitation, and (50) Degree of Family Illness. Introduction of training and strict adherence to the elements of the rating was expected to give adequate caseworker standardization. In-service training was carried out to maximize standardization.

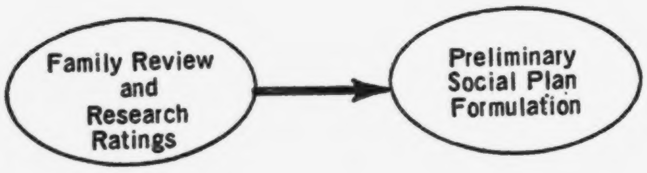
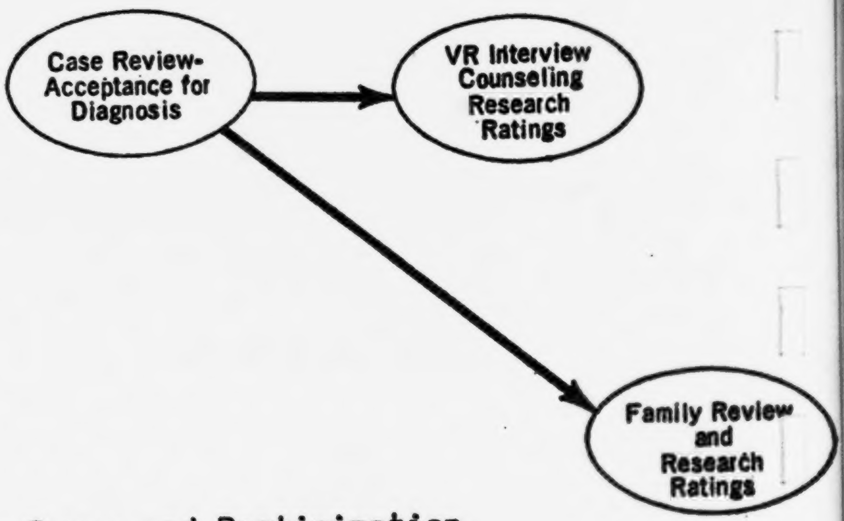

Family Review and Research Ratings
Preliminary Social Plan Formulation

Figure 5

Preliminary social plan formulation was one logical outcome of the family review. After strengths and weaknesses were assessed, the social plan for helping the family was set out to include a social diagnosis and objectives for helping the family live more effectively. One very important consideration in evaluation and planning was the family influence on the potential breadwinner in regard to work. The preliminary social plan was important for initial work with the family and as a basis for re-evaluation to determine improvement.

Along with social services, case review and acceptance initiated another chain of activity. As shown in Figure 6, diagnostic services were simultaneously provided by the caseworker and counselor team.

Figure 6



The VR *counselor's initial interview and counseling session* with the client concerned productivity-related matters and included the necessary marker information and assessment of research variables to complete part of the (DEF) *Diagnostic Evaluation Format* (see Table 3). These items were: (1) Sex, (2) Race, (3) Religious Group and Participation, (5) Primary Language, (6) Marital Status, (8) Reference, (9) Work History, (10) Prior Vocational Training, (11) Previous Rehabilitation Experience, (12) Telephone, (13) Years in School, (18) Year of Birth, (19) Age in Years, (20) Personal Appearance, (21) Clothing, (22) Aesthetic, (40) Attitude Toward Family, (41) Attitude Toward Government, and (42) Attitude Toward Training. Care was exercised by the counselor to be as objective as possible in evaluating each client. Strict adherence to the rating scales was expected to give adequate counselor standardization after introductory training. Discussion of standardization in Staff meetings was carried out as necessary.

Counseling was conducted using the most appropriate technique for each client. The goals were to establish good rapport, to learn as much as possible about the client, offer encouragement and necessary guidance, help the client perceive his problem areas, and assist him in planning. In the first session, the client was offered the opportunity to attend classes with transportation furnished. This was a crucial point because lack of cooperation for no reasonable cause was usually a clear indication of a hard-core dependent case. If considerable urging on the part of the counselor-caseworker team did not inspire the person to participate, the case was screened out as an unsuccessful referral.

During initial contact with the client, the counselor began action toward acquiring a general medical examination and certain special medical examinations and arranged for the client's entry into prevocational classes as part of a comprehensive plan of evaluation.

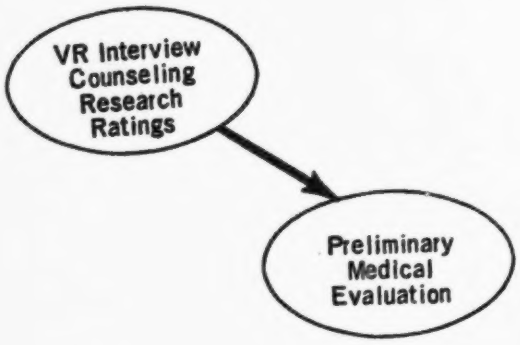

VR Interview
Counseling
Research
Ratings
Preliminary
Medical
Evaluation

Figure 7

Preliminary medical evaluation from the general and other medical reports was carried out by the counselor. Copies of all medical reports were given to the caseworker for coordination with the DPW medical eligibility board.

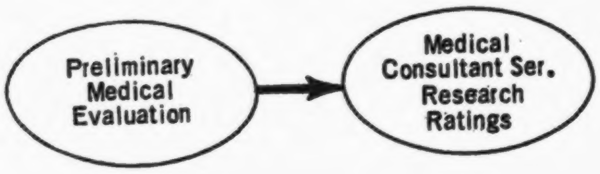

Preliminary
Medical
Evaluation
Medical
Consultant Ser.
Research
Ratings

Figure 8

On an appointed day each week, Dr. Schauer, medical consultant, reviewed all cases having new medical information. The general and any specialist examination reports were analyzed for significance. Based on findings, a numerical research rating was given for each of ten areas. The areas included (23) oral hygiene, (24) muscle (including hernia), (25) bone, (26) respiratory, (27) cardiovascular, (28) G.I. and G.U. Systems, (29) endocrine and weight, (30) neuro-sensory, (31) sight, and (32) hearing. Ratings were given on a nine-point scale for each condition and entered on the (DEF) *Diagnostic Evaluation Format* in preparation for research analysis (see Table 3).

Special diagnoses were obtained by the counselor as necessary for good evaluation. The medical consultant's recommendations were used as a guide in all evaluational considerations. Goals included obtaining diagnostic information justifying eligibility and obtaining information relative to needs in restoring the individual to productivity.

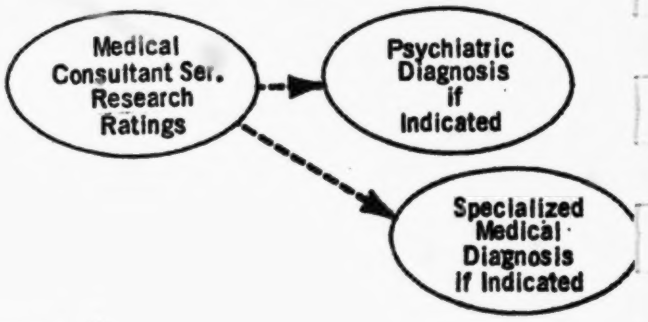

Medical Consultant Ser. Research Ratings
Psychiatric Diagnosis if Indicated
Specialized Medical Diagnosis If Indicated

Figure 9

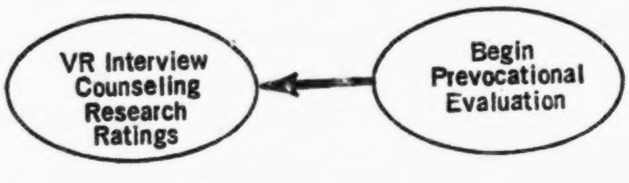

VR Interview Counseling Research Ratings
Begin Prevocational Evaluation

Figure 10

The client entered *prevocational evaluation-adjustment classes* according to plans worked out in the initial interview and counseling session. It was understood that the classes represented an opportunity to prepare for vocational activity. Bus tickets were furnished to help candidates take advantage of the opportunity, but no other monetary inducements were offered. When family-related problems, such as child care, threatened plans, the caseworker assisted the client in working out some solution. All clients were required to attend prevocational classes, except in cases where this was impractical for good reason. Classes were conducted five days per week from 8:00 A.M. to 2:30 P.M.

The evaluation-adjustment goal was to assess the individual's academic, personal, and interpersonal response and performance levels. The most effective evaluation was expected to result from actual exposure and response to a curriculum of experiences, to a group or groups of people, and to facsimile and real-life situations. The curriculum developed for the prevocational evaluation-adjustment classes is presented elsewhere in a Clients Prevocational Workbook and an Instructor's Guide. Generally, the topics which were covered for both sources were as follows: A) Our World Today (Unit 1), B) Information Sources (Unit 2), C) Civic Participation (Unit 3), D) Home and Money Management (Unit 4), E) Self-Concept (Unit 5), F) Personal-Interpersonal Knowledge (Unit 6), G) Academic Skills which included units on oral English, reading, penmanship, spelling, grammar, composition, and arithmetic, and H) Job Applications and Interviews (Unit 12).

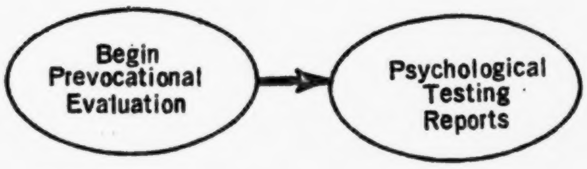


Figure 11

There were five tests administered by Dr. Rast, Project Psychological Consultant, to each client during the initial days of prevocational activity. Selection of tests to be administered was based upon considerations such as adequacy of characteristics measured, reliability and validity of measurements, and utility of measurement devices. Non-verbal tests were selected in view of average client's lack of reading ability. The five tests selected were: (1) Group Rorschach, (2) The Revised Beta Examination, (3) Memory-For-Designs Test (Graham-Kendall), (4) Purdue Pegboard, a test of manipulative dexterity and (5) The Work Attitude Scale. Results of these tests were documented for each individual and used clinically in counseling. The results were also introduced with other information for computer processing and research analysis.

The Rorschach was administered in group form following Harrorer's directions and the score was identical to her method. The total score on a Group Rorschach was used as an index of pathology. The minimum score possible is 30; the maximum score is 300. Therefore, the higher the score, the greater the indication of pathology.

The Revised Beta Examination was administered using the standard procedures following Lindner-Gurvitz Standardization. This test is considered to measure intelligence and has similar meaning to Wechsler-Adult Intelligence Scale. Therefore, a person obtaining a Beta IQ of 100 is considered average.

The test Memory-For-Designs was administered and the standard administration and scoring was followed. This test is considered to measure perceptual and motor skills. Interpretation of the score was accomplished similar to the interpretations in the Monograph Supplement 2-VII 1960. The general interpretation was, the higher the score, the greater the chance of visual motor disturbances and possible brain damage.

The _Purdue Pegboard_ is a test of manual dexterity. The administration and interpretation and norms are the same as the norms by the Science Research Associates. The main indication is, the higher the score, the greater amount of manual dexterity the individual possesses.

The scores on all tests were converted to a nine-point scale. In order to develop the nine-point rating scale, the minimum and maximum scores obtainable on each test were considered the limits. Each point on the _nine-point scale_ represented a proportionate increment of the raw score. The lowest of the ratings, number one, was considered the poorest rating possible. The highest rating possible on each scale was nine and represented the best score obtainable. The following example illustrates a battery of individual scores for general interpretation rather than clinical application. CLIENT "A": Emotional Stability (Rorschach) 4; Dexterity (Purdue Pegboard) 9; Intellectual Functioning (Revised Beta) 5; and Perception (Graham-Kendall) 7. To illustrate scoring and interpretations, a person scoring 170 on the Rorschach would obtain a rating of four; a score of 51 on the Purdue Pegboard would obtain a rating of nine; an IQ of 79 on the Revised Beta would give a rating of five; and a score of 11 on the Graham-Kendall would indicate a rating of seven. This could be generally interpreted to mean that this individual would be considered to be emotionally unstable, limited in his intellectual abilities but with excellent manual dexterity. In counseling, knowledge of these factors would assist in determining the most suitable occupational objective.

The Work Attitude Scale was administered to each client on an experimental basis. Attempts were made to determine the individual's general attitude toward work vs. dependence and other considerations.

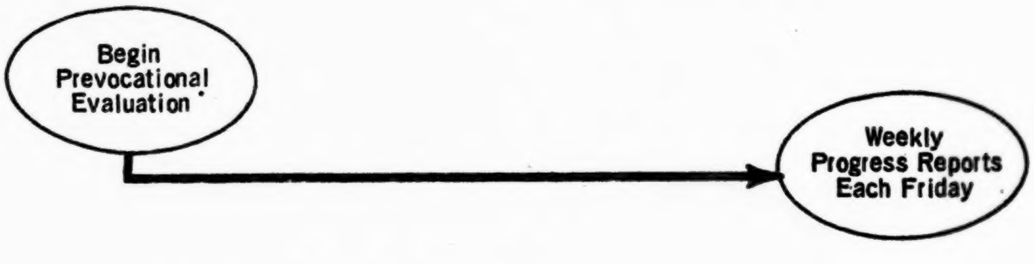
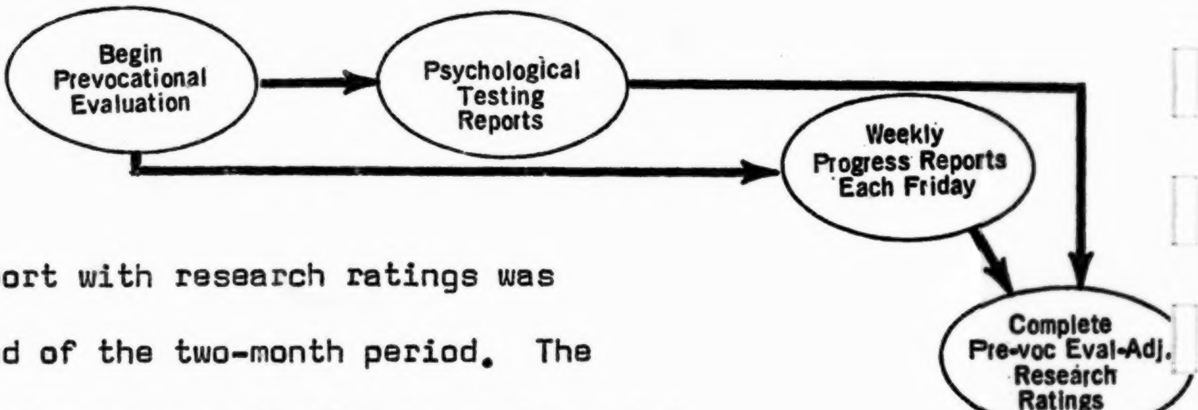

Begin Prevocational Evaluation
Weekly Progress Reports Each Friday

Figure 12

Weekly progress reports on a day-by-day basis were an essential part of systematic feedback to the counselor-caseworker team. The progress on class objectives and the casual but significant remarks included in the daily reports served to alert team members to any immediate and/or future needs for services. It was expected that group conversation would bring out highly significant information about family conditions, attitudes, handicaps, and self-concept which could be useful to team members in helping the client and family.

Figure 13


Begin Prevocational Evaluation
Psychological Testing Reports
Weekly Progress Reports Each Friday
Complete Pre-voc Eval-Adj. Research Ratings

A final report with research ratings was submitted at the end of the two-month period. The client's functional level was indicated by a nine-point scale rating for verbal, numerical, and general function. These ratings were used as part of research data collected on the DEF (see Table 3) and the counselor used the information in the rehabilitation program.

Benefits from prevocational class activity were expected to be very significant in working with an AFDC clientele. In addition to evaluation, a concomitant gain in academic ability and social adjustment was anticipated for all who cooperated by attending classes.

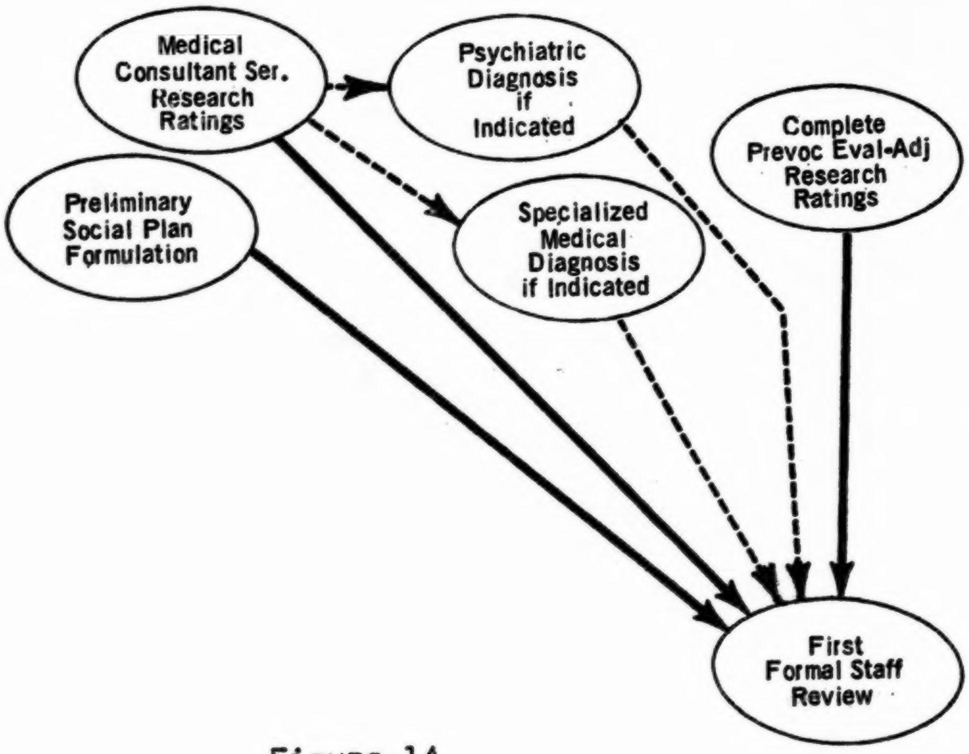

Medical Consultant Ser. Research Ratings
Psychiatric Diagnosis if Indicated
Complete Prevoc Eval-Adj Research Ratings
Preliminary Social Plan Formulation
Specialized Medical Diagnosis if Indicated
First Formal Staff Review

Figure 14

The first formal staff review in each case was held to finalize the decision to screen out the client or accept him for full project services. This event occurred after all types of diagnostic information had been collected, studied, and used as the basis for determining eligibility. A codable medical disability with resultant vocational handicap was combined with all other associated disabling conditions to constitute what was termed a constellation of disabilities. At this point each case had been in constant informal review by team members, which had usually resulted in a joint decision pending formal review. The formal staff review was conducted with the team members, SDPW Supervisor, and VR supervisory representative present. The facts and decisions were reviewed concurrently from a policy standpoint by the supervisory personnel.

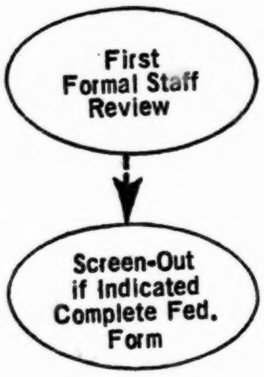

First Formal Staff Review
Screen-Out if Indicated Complete Fed. Form

Figure 15

In cases where the client could not be expected to benefit significantly or where he could not participate, the case was closed out of the project. Depending on the nature of the case, the folder was returned to the SDPW district office for continued services or was denied on justifiable grounds.

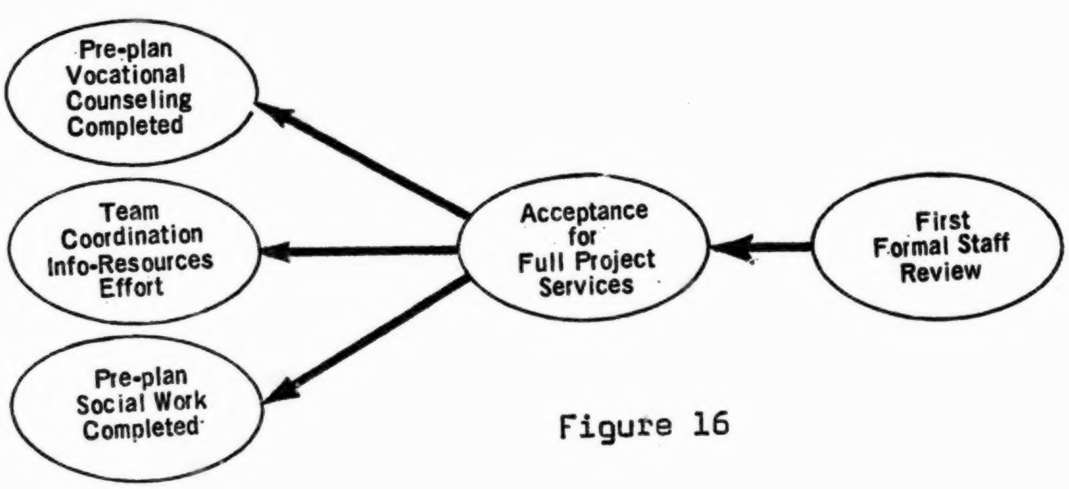

Pre-plan Vocational Counseling Completed
Team Coordination Info-Resources Effort
Pre-plan Social Work Completed
Acceptance for Full Project Services
First Formal Staff Review

Figure 16

Acceptance for full project services set the stage for increasing intensive case services close on the heels of class activity. Vocational counseling and social case work preparatory to establishing a comprehensive vocational-social rehabilitation plan were carried out systematically. The counselor used client and environmental information developed in the diagnostic phase of services to help the client perceive and plan to take advantage of optimum opportunity. The caseworker used family and environmental information as a basis for helping the family perceive opportunity and develop solid home support for better living standards. A close counselor-caseworker team relationship was demonstrated to clients as each member coordinated activities and cared for his functional responsibilities. The degree to which the client perceived himself as a third member of the team was expected to strengthen the effectiveness of overall team action.

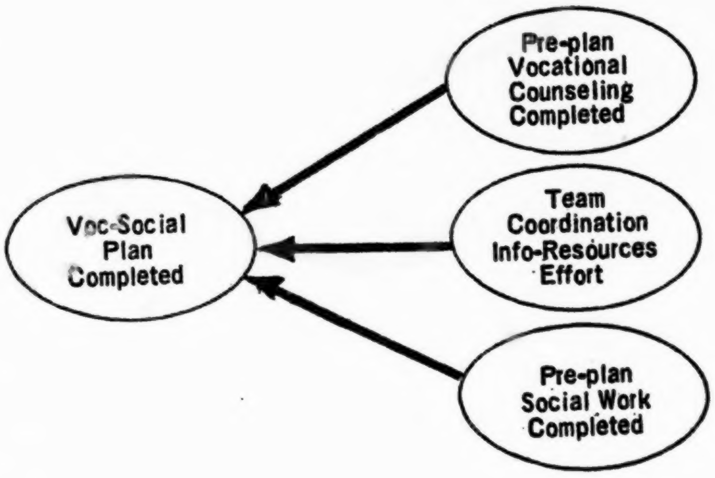

Pre-plan Vocational Counseling Completed
Team Coordination Info-Resources Effort
Pre-plan Social Work Completed
Voc-Social Plan Completed

Figure 17

A comprehensive vocational-social plan was finalized after diagnostic information was used as a basis for counseling and social case work. The plan was in two parts and included the counselor's regular vocational information and the caseworker's social plan for helping the family solve problems and for strengthening family support of the client in training. Team coordination of information, resources, and effort played an important part in establishing a vocational plan of sufficient duration to reach the established objective. This was particularly important in cases involving long physical restoration services and periods of training where the AFDC grant furnished the assurance that the family would be cared for until employment and independence materialized. In addition to the team work on the front line, the caseworker had the responsibility of keeping the Medical Determination Board at the State Office informed of the plans for male clients. The male client's tenure on public assistance was subject to review by the Board, and without good coordination, it was possible that assistance could be terminated in the middle of a vocational plan.

The client's plan focused all resources and efforts toward reaching his optimum objective. It was enhanced by results of the prevocational adjustment period and the continuing efforts of team specialists in counseling and social case work. The plan included all details considered necessary for successful completion.

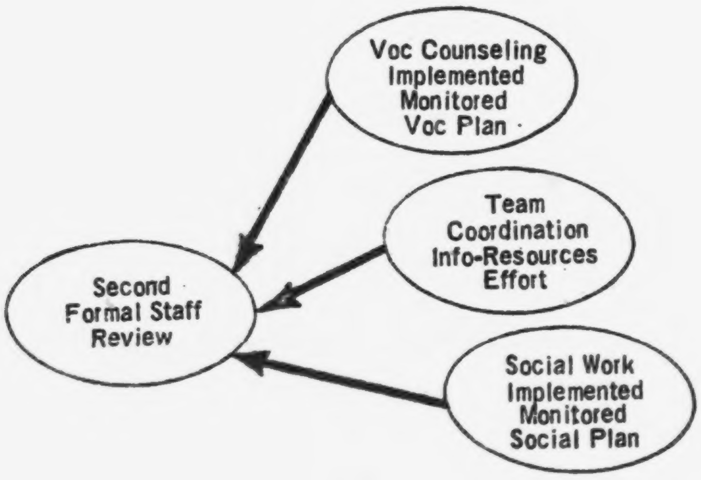

Voc Counseling
Implemented
Monitored
Voc Plan
Team
Coordination
Info-Resources
Effort
Second
Formal Staff
Review
Social Work
Implemented
Monitored
Social Plan

Figure 18

A second formal staff review was held at a time when the degree of success could be evaluated, deficiencies spotted, and any remedial or helping action could be planned. During this phase of case services, team members were watchful for signs of disenchantment or other obstacles which might forecast difficulty in completing the plan.

In some cases through no fault of the client, it was expected that previously unknown factors might exert adverse influence on the plan. Vocational factors such as allergies to paints, and plastics could become an obstacle to the original vocational plan. At times developments of a social nature such as sickness in the family or breakdown in child care might make changes in the plan necessary. In such cases action shown along the dashed line was taken to revise the plan. The revised plan was accomplished and implemented with the same painstaking care as the original to assure a reasonable expectation of success. After plan revision, the team continued working closely with the client and family coordinating information, resources, and efforts.

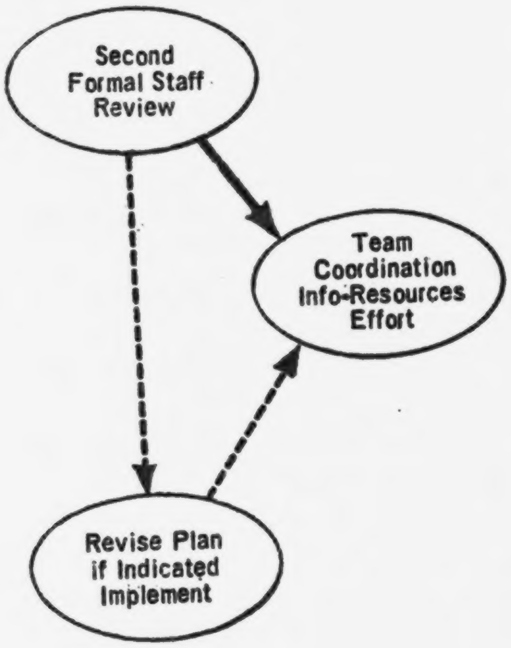

Second Formal Staff Review
Team Coordination Info-Resources Effort
Revise Plan if Indicated Implement

Figure 19

In some cases the review indicated that there was no reasonable expectation of the client being successful in the ongoing plan or in eventually becoming independent. The range of expected reasons was wide, but underlying resurgent dependency reflected by loss of motivation and lack of cooperation was anticipation as a major cause for failure. In cases where there was a chance

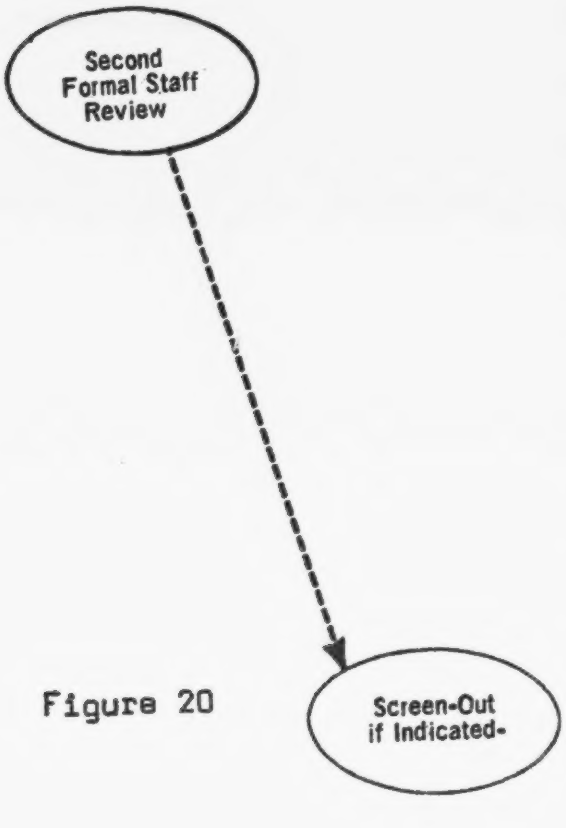

Second Formal Staff Review
Screen-Out if Indicated-

Figure 20

for remedial action the decision for "screen-out" was delayed pending results of last-ditch efforts. In cases where progression of a disease or a new medical involvement was a factor, medical attention and advice was used as a basis for decision. Screen-out at this point represented a failure case for rehabilitation, and depending on the circumstances, the welfare grant was denied or the case transferred back to the regional office for continuance.

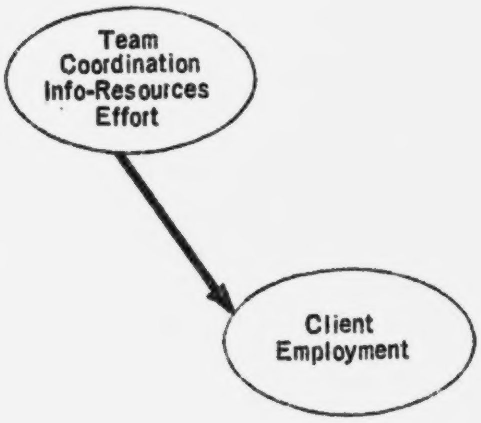


Figure 21

Employment was considered a significant milestone on the road to better living and independence. A healthy attitude toward employment and work had been cultivated in the client during prevocational adjustment classes, counseling sessions and through family case work. Public assistance and appropriate vocation-enabling help such as physical restoration, prostheses, orthotic devices, training, tools, and placement assistance were instrumental in his ability to accept the opportunity. Yet, because a significant number of clients had not engaged in permanent employment for years and some never before, it was anticipated that the average case would be in its most critical stage.

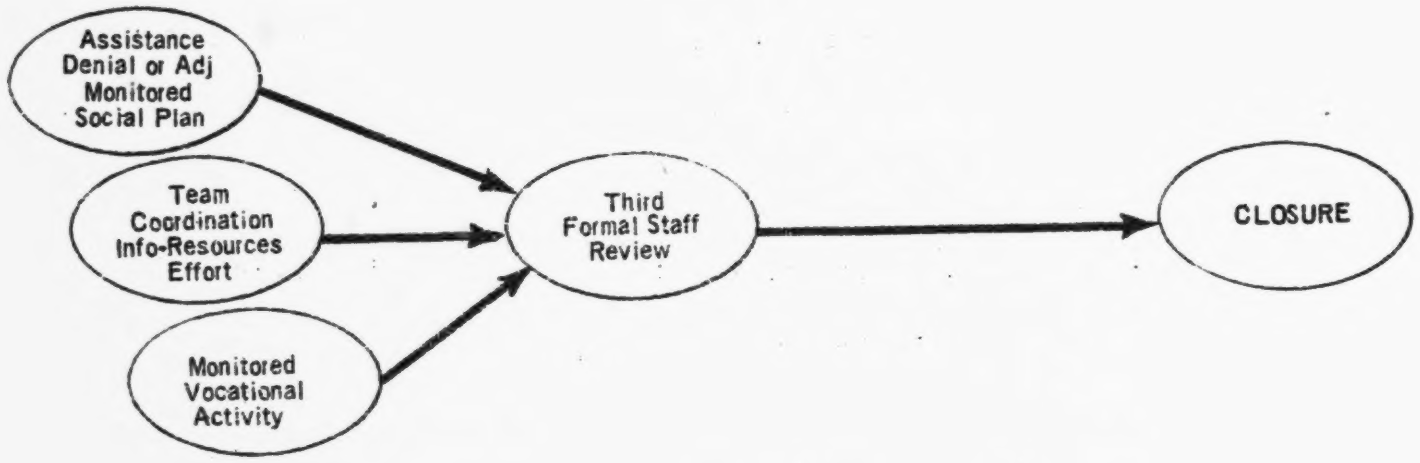

Assistance
Denial or Adj
Monitored
Social Plan
Team
Coordination
Info-Resources
Effort
Monitored
Vocational
Activity
Third
Formal Staff
Review
CLOSURE

Figure 22

Team monitoring during the employment stage of the plan was designed to search for clues to maladjustment or incompatibility that might threaten to disrupt the client's plan for the future. It was expected that family flare-ups, intercurrent illnesses, unexpected events, and motivation letdowns would be among the factors to watch for and treat.

After the client had been in successful employment for at least one to three months and when the conditions were assessed to be satisfactory, a third and final staff review was scheduled. The conditions of employment, and home and family relations were reviewed in regard to the degree of success achieved. At this point, where the decision was favorable, the caseworker made plans for denying the grant and the counselor initiated closure action. In the case of women whose family size and wage potential left an unmet need, enough grant was retained to supplement the earnings, and the case was transferred to the SDPW Regional Office for continuance.

In the event that the decision on vocational success was not favorable and there was no reasonable expectation that a revised plan would succeed, the case was closed as unsuccessful. In such an event the caseworker reviewed the circumstances before either denying the case or transferring it for continuance.

Operational controls. In addition to the respective agency case control measures, certain simple yet effective operational control measures were established to guide project personnel in working together. It was anticipated that the coordination so effected might help move the joint cases smoothly.

The Diagnostic Evaluation Format was one of the first control devices--a form on which diagnostic research data were accumulated from the various sources.

An operations wall board was used to record names of all clients jointly served along with operational and research data. The operational data included date of referral, period of prevocational classes, date and results of first staff review, vocational objective, dates and results of second and third staff reviews, and closure information. The research data were mostly in the coded form of scale ratings.

Systematic staff reviews were expected to climax specific phases of intensive team work and provide a means for recording mutual decisions in handling cases. It also provided a means of interpreting policy by supervisory personnel of each agency. This control measure was not permitted to slow case movement as it might under rigid application. Needed case service and consequent movement was conducted after informal staff review by team members when time was of the essence. The action and circumstances were reported at the next scheduled formal staff review. Records of cases reviewed and actions taken were accomplished for reference.

Research data. A research folder was prepared for each client referred to the project. The folder contained the Diagnostic Evaluation Format, the completed Work Attitude Scale, and the Adult Basic Learning Examination. For each client there were pretest and posttest scores on the Work Attitude Scale and Adult Basic Learning Examination. There was only one testing on the Diagnostic Evaluation Format.

CHAPTER III

Evaluation Research of the San Antonio Rehabilitation-Welfare Demonstration and Research Project

Introduction

The executive and legislative branches of the federal government have committed the United States to a "war against poverty." And inevitably, if perhaps prematurely, the predictable questions long associated with warfare are beginning to be asked. Are our campaigns succeeding or failing? Are we losing or winning the key battles?

It is a curious matter that we seem to find military metaphors peculiarly apt when we initiate new social welfare programs. We attack poverty in Appalachia (and elsewhere), and we zero in on the problem of cultural deprivation in childhood. Curious or not, however, military metaphors can be useful to us if we keep it in mind at the same time that our real aims are those associated with creating and building rather than with destruction.

As dependable intelligence reports are needed for a campaign as well as for a single battle, so too is "intelligence" needed in regard to social planning and social action. In the latter arena, however, intelligence and feedback go by a different name: evaluation research. Evaluation research is concerned with such questions as (1) What is the program accomplishing? (2) Is it getting done what it was intended to do? (3) Is new information being acquired? (4) Can the information that is being sought and gained be applied in determining new goals and/or practices?

Studying Social Action and Change

The clients of social agencies typically receive multiple (and different) services from multiple sources, and this very fact creates substantial difficulties for evaluation research which seeks to find out, "what factors brought about what changes in what people?" These difficulties are not insurmountable, albeit they may introduce major complications into the design of evaluation research. One way around some of these difficulties is to study the influence of a specific program on the individuals who comprise the particular population toward which the program is directed. To conduct such research adequately generally necessitates several kinds of investigation, which may include:

(1) the accumulation of _descriptive data concerning the program_ itself;

(2) the conduct of surveys of client experiences, attitudes, and activities and of how these _change_ across time;

(3) _prediction research_ in which important _criterion changes_ in individuals (and/or groups)--occurring _subsequent to_ their participation in a given program--can be "explained" in terms of data available _prior to_ their participation in a social action program;

(4) inter-agency studies including studies which illumine the relationship of the research itself to other agencies in the community.

Specific Data Sought

Data on clients. Evaluational criteria consisted of two types as determined by time and results of the case history. These criteria could be described as the preliminary diagnostic information on which prediction and case services might be based, and after-the-fact criteria available at closure from which the criterion of success must be drawn.

The preliminary information was accumulated on the Diagnostic Evaluation Format and by July 10, 1965, 113 cases were completed. These data were made available for analysis to the consulting staff of the Personnel Services Research Center at the University of Texas in Austin, and were processed by standard statistical methods.

Data on parent population. Because the sample of clients referred to and accepted by the San Antonio Welfare-Rehabilitation Project might prove to be unrepresentative of the total population of active welfare recipients from which it came, it was decided to obtain certain data for a sample consisting of every third case on the active rolls of the Welfare Department in March, 1965. Subsequently, preliminary comparisons of the Project sample (N = 113) with this larger (N = 614-728) sample population were made on these characteristics. The characteristics on which these comparisons were made were:

1. Sex of Client
2. Race-Ethnicity
3. Years of Schooling
4. Police Record
5. Telephone Listing
6. Age of Client - Years
7. Number of Dependents

Comparison of the Client Sample with the Welfare Population from Which It Came

Evaluation research concerned with social action should produce results which can be generalized to the basic population from which the sample originally came. A weaker, but often necessary alternative, is, first, to determine the characteristics of the sample clientele and to then caution all concerned that they should not generalize the findings to any populations which differ significantly from the one which has been studied. Our point here should not be missed--it is extremely important to discover the extent to which the clientele worked with is similar to the basic pool of clients.

The clientele being worked with by the project was not referred completely at random. Referred clients routinely showed, for example, some degree of disability; they were receiving AFDC grants; and, often, they had been receiving public assistance for very extended periods of time. It is perhaps likely, also, that those clients referred for rehabilitation in the earliest months of the project may have been predominantly those whose rehabilitation prospects were least favorable.

The results pertaining to the question here at issue are shown in a previous client sample (see Table 4). Obviously this sample has tended to be composed overwhelmingly of men, while the basic population consisted of women to the same extent (90%) as the project sample consisted of men. Clearly, this difference between sample and population is a statistically significant one, and the project's sample is unrepresentative of the Welfare Department's clientele with regard to sex.

When racial-ethnic group identification is concerned, these initial 113 clients were relatively over-loaded with Mexican-Americans, and showed an underrepresentation of Negro Americans.

Manifestly, this sample has been somewhat different from the Welfare Department's population where client police records are concerned, apparently having a larger representation of misdemeanors recorded against it and fewer individuals without police records than did the basic population. It also appears (see Table 4) that the Project's sample averaged $1\frac{1}{2}$ years older chronologically, had more dependents, and tended to be somewhat better educated (in terms of years of formal schooling) than did the base population.

Overall, this past sample's model client, could be described as a 38½-year-old male Latin American, with less than six years of schooling, having five dependents, but lacking a telephone and a police record.

TABLE 4

Previous (1965) Comparisons of Project Clientele (N = 113) With One-Third Sample From Welfare Population (N's = 614-728)

Comparison Variables	Client Sample (N = 113)	Welfare Sample Population (N = 614-728)
A. Sex		
Males	90%	10%
Females	10%	90%
B. Race-Ethnicity		
Anglo-American	3%	4%
Latin-American	90%	75%
Negro-American	7%	20%
Other	--	1%
C. Police Record		
Felony	3%	5%
Misdemeanor	16%	5%
None	81%	90%
D. Telephone		
Yes	26%	28%
No	74%	72%
E. Years of Schooling		
9 or more	25%	21%
6-9	35%	30%
Under 6	40%	49%
F. No. Dependents	Mean = 5.17	4.19
G. Age in Years	Mean = 38.6	37.00
	S.D. = 10.0	10.47

TABLE 4A

Description of Current Project Client Samples

Marker Information	San Antonio	Amarillo	Dallas
Sex			
Males	291	9	8
Females	351	41	78
Ethnicity			
Anglos	72	13	14
Mexican-Americans	461	6	5
Negroes	106	20	65
Religion			
Catholic (Constant Participation)	86	0	3
Catholic (Occasional Participation)	227	1	4
Catholic (No Participation)	43	0	0
Protestant (Constant Participation)	25	1	11
Protestant (Occasional Participation)	76	6	51
Protestant (No Participation)	14	8	15
Housing and Neighborhood			
Good Good	103	6	7
Good Poor	30	0	14
Poor Good	35	3	8
Poor Poor	101	7	14
Public	194	0	38
Primary Language			
English Only	192	16	80
English - Spanish	40	0	1
Spanish - English	353	2	4
Spanish Only	49	0	0

TABLE 4A (Continued)

Marker Information	San Antonio	Amarillo	Dallas
Marital Status			
Married	263	7	10
Separated	131	1	20
Divorced	117	3	29
Common law	13	0	1
Widowed	17	3	2
Single	31	2	21
Police Record			
None	438	11	82
Misdemeanor	42	2	1
Felony	9	3	1
Work History			
Steady Present	161	11	38
Steady in Past	179	3	35
Spotty	229	22	9
None	37	3	1
Previous Vocational Training			
Extensive	17	0	0
Some	68	1	1
None	530	38	85
Previous Vocational Rehabilitation			
Prosthetics	13	0	1
Physical	8	0	0
Training	26	1	1
None	571	38	84
Telephone Service			
Yes	233	4	35
No	292	13	45

TABLE 4A (Continued)

Marker Information	San Antonio	Amarillo	Dallas
Years in School			
< 2	43	0	0
2 - 4	109	3	4
5 - 7	188	7	9
8 - 10	179	14	39
11 - 13	87	14	33
Number of Dependents			
1 - 3	243	9	38
4 - 6	250	5	36
7 - 9	90	5	8
10 - 12	27	0	0
Total Amount of Money Received from Welfare			
$1 - $1,999	273	14	57
$2,000 - $3,999	91	1	12
$4,000 - $5,999	57	0	8
$6,000 - $7,999	36	1	3
$8,000 - $9,999	14	0	2
$10,000 - $11,999	9	0	0
$12,000 - $13,999	5	0	0
$14,000 - $15,999	5	0	0
$16,000 - $23,000	2	0	0
Monthly Amount of Money Received from Welfare			
$1 - $49	23	3	4
$50 - $99	275	6	24
$100 - $149	272	5	54
$150 - $199	2	1	0
$200 - $249	0	1	0
Length of Time on Welfare (Months)			
1 - 49	384	14	74
50 - 99	84	2	6
100 - 149	17	0	1
150 - 199	8	0	0

TABLE 4A (Continued)

Marker Information	San Antonio	Amarillo	Dallas
Age at Refferal to Project			
< 21	14	3	4
21 - 30	151	14	45
31 - 40	218	14	22
41 - 50	179	9	11
> 50	68	1	3

CHAPTER IV

Predicting the Rehabilitation of Disabled Urban Public Welfare Clients

Purpose of Analyses

All analyses to be reported are directed toward answering these basic questions:

1. How well can the success (in terms of job placement) or failure of a client be predicted from measures available at the beginning of the program?
2. What changes in attitudes and skills are effected in clients by the total program?
3. Do clients change to similar degrees, and if not, then to what extent is success or failure associated with change?
4. Are there significant differences between ethnic groups in terms of the variables measured, and if so, are these differences related to successful vocational rehabilitation?
5. Are there significant differences between different city client samples?

The analyses of the data presented in this report have not been done for the purpose of justifying the San Antonio Project, since the success ratio of 42% in closing 266 cases does that, where the nationally quoted success ratio in dealing with similar populations is probably very much lower. The analyses are done, in part, in order to define the changes in the specific variables which lead to this worthwhile success ratio. If further justification of the project were desirable, one approach would be to see whether the successful clients continue in self-supporting activities. Another possible approach to further justification would be to see where there is an improved coping on the part of children of successful clients in contrast with children of unsuccessful clients. If some of the conclusions of advocates of family therapy are accurate, to the effect that the way to produce change in children is through change in the parents, then one would expect to see more change in the coping ability of children of successful clients than in those of unsuccessful clients.

To return to the data and the questions to which answers are sought:

How Did the City Groups, Ethnic Groups, Successful and Unsuccessful Groups Differ on the Measures?

The data available for exploring this question was drawn from the *Diagnostic Evaluation Format* (DEF), the *Work Attitude Scale* (WAS), and the *Adult Basic Learning Examination* (ABLE). Specifically, the data analyzed consisted of change scores (pretest and posttest) on the WAS and the ABLE and ratings on the DEF.

The first type of statistical analysis used was a single classification analysis of variance. These analyses were done after separating the clients into eight groups: 1) San Antonio clients; 2) Amarillo clients; 3) Dallas clients; 4) Mexican-American clients; 5) Negro clients; 6) Anglo clients; 7) successful clients (in terms of job placement); and 8) unsuccessful clients.

In defining the successful and unsuccessful groups, those clients who were forced by "circumstances beyond their control" to be closed as unsuccessful were eliminated from the unsuccessful group. An example of "circumstances beyond their control" for this purpose would be a situation in which the baby-sitting arrangements of the client broke down.

The second type of statistical analysis that was used was a subject by trial analysis of variance. For these analyses, the clients were separated in the same manner as for the single classification analysis of variance.

The third type of statistical analysis that was used was a chi-square analysis. These analyses were done after separating the clients into successful and unsuccessful groups.

The fourth type of statistical analysis that was used was a multiple linear regression analysis for the selection of a set of best predictors of vocational rehabilitation success. A multiple discriminant analysis was also used in order to test the significance of the separation of the successful and unsuccessful groups.

The single classification analyses of variance were done on the beginning performance on the Work Attitude Scale, the Adult Basic Learning Examination, and on the last thirty-one ratings of the Diagnostic Evaluation Format. The subject by trial analysis of variance was done on the pretest and posttest performance on the Work Attitude Scale and the Adult Basic Learning Examination. The chi-square analysis was done on the Marker Information (the first nineteen items) on the Diagnostic Evaluation Format. The multiple linear regression analysis was done on the pretest scores of the WAS and the DEF ratings.

Results

Beginning Performance on the WAS and the ABLE

The first type of data analysis was done on the beginning performance of the clients on the Work Attitude Scale (WAS) and the Adult Basic Learning Examination (ABLE) by a series of single classification analyses of variance. The data on the clients was first separated by cities (San Antonio, Amarillo, and Dallas), then separated on the basis of ethnic membership (Mexican-American, Negroes, and Anglos), and finally separated by whether or not they were successfully rehabilitated (successful, or unsuccessful).

Beginning performance on WAS of city groups. The San Antonio, Amarillo, and Dallas groups differed on only one of the WAS scales and did not differ on the total scale score. These groups significantly differed at the .01 probability level on

Scale III, presence of healthy work attitudes. As Table 5 indicates, the Amarillo group had the highest mean on Scale III (20.70) followed by the San Antonio group (18.91) and the Dallas group (18.29). There were no significant differences between the groups on the following variables: the absence of excuses for not working (Scale I); the extent to which work is seen as a virtue (Scale II); the presence of healthy attitudes toward co-workers (Scale IV); the absence of projections of blame onto authority figures (Scale V); and the total scale score.

Beginning performance on ABLE of city groups. The San Antonio, Amarillo, and Dallas groups differed on all five of the scales of the ABLE. First, referring again to Table 5, it can be seen that the groups significantly differed at the .001 probability level on the vocabulary scale. The Amarillo group had the highest mean score (7.24), followed by the Dallas group with a mean of 6.76 and the San Antonio group with a mean of 5.97. Second, the groups significantly differed at the .001 probability level on the reading scale. The Amarillo group made the highest mean score (7.65), followed by the Dallas group with a mean of 7.34 and the San Antonio group with a mean of 6.06. Third, the groups significantly differed at the .01 probability level on the spelling scale. The Amarillo group had the highest mean score (6.71), followed by the Dallas group with a mean of 6.34 and the San Antonio group with a mean of 5.49. Fourth, the groups significantly differed at the .001 probability level on the arithmetic computation scale. The Dallas group had a mean score of

TABLE 5

Single Classification Analyses of Variance for the San Antonio, Amarillo, and Dallas Groups on Their Beginning Performance on the Work Attitude Scale (WAS) and the Adult Basic Learning Examination (ABLE)[1]

Variables	San Antonio		Amarillo		Dallas		Among Groups	Total Groups		
	N	Mean	N	Mean	N	Mean	M.S.	M.S.	F	p
WAS Scale I	250	32.44	43	34.51	93	31.78	111.20	77.50	1.44	---
WAS Scale II	250	6.68	43	6.79	93	6.18	9.64	5.51	1.76	---
WAS Scale III	250	18.91	43	20.70	93	18.29	86.11	17.46	5.03	**
WAS Scale IV	250	8.18	43	9.09	93	8.02	18.38	8.87	2.08	---
WAS Scale V	250	18.66	43	19.00	93	17.46	56.80	46.85	1.21	---
Total WAS	250	84.86	43	90.09	93	81.74	1035.56	506.77	2.06	---
ABLE-Vocabulary	181	5.97	46	7.24	101	6.76	3918.39	542.34	7.51	***
ABLE-Reading	181	6.06	46	7.65	100	7.34	7874.05	573.01	14.91	***
ABLE-Spelling	181	5.49	46	6.71	99	6.34	3928.16	649.34	6.25	**
ABLE-Arithmetic Computation	178	5.22	46	6.07	101	6.23	3753.12	244.52	16.85	***
ABLE-Problem Solving	161	5.65	46	6.76	98	6.28	2676.31	424.19	6.54	**

*p<.05
**p<.01
***p<.001

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[1] All (ABLE) mean scores have been converted to grade scores by moving the decimal point one place to the left.

6.23, followed by the Amarillo group with a mean score of 6.07 and the San Antonio group with a mean score of 5.22. Fifth, the groups significantly differed at the .01 probability level on the problem solving scale. The Amarillo group had the highest mean score of 6.76, followed by the Dallas group with a mean score of 6.28 and the San Antonio group with a mean score of 5.65.

Beginning performance on WAS of ethnic groups. The Mexican-American, Negro and Anglo groups significantly differed on all five scales and on the total scale of the WAS (see Table 6). First, the groups significantly differed at the .01 level on the scale measuring the absence of excuses for not working (Scale I). The Anglos had a mean score of 35.46, followed by the Negroes (33.34) and Mexican-Americans (31.49). Second, the groups differed significantly at the .001 probability level on the extent to which work is seen as a virtue (Scale II). The Anglos made a mean score of 7.85, followed by the Negroes (6.48) and the Mexican-Americans (6.46). Third, the groups significantly differed at the .001 probability level on the presence of healthy work attitudes (Scale III). The Anglos had a mean score of 20.60, followed by the Negroes (19.63) and the Mexican-Americans (18.33). Fourth, the groups significantly differed at the .05 probability level on the presence of healthy attitudes toward co-workers. The Anglos had a mean score of 9.23, followed by the Negroes (8.21) and the Mexican-Americans (8.03). Fifth, the groups significantly differed at the .05 probability level on the absence of projections of blame onto authority figures. The Anglos had a

TABLE 6

Single Classification Analyses of Variance for the Ethnic Groups

on Their Beginning Performance on the Work Attitude Scale (WAS)

and the Adult Basic Learning Examination (ABLE)[1]

Variables	Mexican-Americans		Negroes		Anglos		Among Groups	Total Groups		
	N	Mean	N	Mean	N	Mean	M.S.	M.S.	F	P
WAS Scale I	160	31.49	120	33.34	52	35.46	339.53	77.08	4.50	**
WAS Scale II	160	6.46	120	6.48	52	7.85	41.46	5.26	8.23	***
WAS Scale III	160	18.33	120	19.63	52	20.60	122.36	16.96	7.50	***
WAS Scale IV	160	8.03	120	8.21	52	9.23	28.76	8.90	3.27	*
WAS Scale V	160	17.91	120	19.04	52	20.60	149.82	46.43	3.27	*
Total WAS	160	82.22	120	86.70	52	93.73	2705.79	499.92	5.56	**
ABLE-Vocabulary	117	5.50	121	7.01	40	7.63	9986.78	546.43	20.90	***
ABLE-Reading	117	5.75	121	7.31	40	7.75	9741.23	592.53	18.52	***
ABLE-Spelling	116	5.21	121	6.34	39	6.75	5348.70	651.50	8.67	***
ABLE-Arithmetic Computation	115	5.28	121	5.75	39	6.14	1273.03	236.75	5.56	**
ABLE-Problem Solving	104	5.65	116	5.79	38	7.11	3166.35	422.74	7.89	***

*p<.05
**p<.01
***p<.001

[1] All (ABLE) mean scores have been converted to grade scores by moving the decimal point one place to the left.

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mean score of 20.60, followed by the Negroes (19.04) and the Mexican-Americans (17.91). Sixth, the groups significantly differed at the .01 probability level on the total score of the WAS. The Anglos had a mean score of 93.73, followed by the Negroes (86.70) and Mexican-Americans (82.22).

Beginning performance on ABLE of ethnic groups. The Mexican-American, Negro and Anglo groups significantly differed on all five scales of the ABLE (see Table 6). First, the groups significantly differed at the .001 probability level on the vocabulary scale. The Anglo group had a mean score of 7.63, followed by the Negroes (7.01) and the Mexican-Americans (5.50). Second, the groups significantly differed at the .001 probability level on the reading scale. The Anglos had a mean score of 7.75, followed by the Negroes (7.31) and the Mexican-Americans (5.75). Third, the groups significantly differed at the .001 probability level on the spelling scale. The Anglos had a mean score of 6.75, followed by the Negroes (6.34) and the Mexican-Americans (5.21). Fourth, the groups significantly differed at the .01 probability level on the arithmetic computation scale. The Anglos had a mean score of 6.14, followed by the Negroes (5.75) and the Mexican-Americans (5.28). Fifth, the groups significantly differed at the .001 probability level on the problem solving scale. The Anglos had a mean score of 7.11, followed by the Negroes (5.79) and the Mexican-Americans (5.65).

Beginning performance on WAS of successful and unsuccessful groups. The successful and unsuccessful groups significantly differed at the .01 probability level on the absence of excuses for not working (Scale I). The successful group had a mean score of 31.17, and the unsuccessful group had a mean score of 27.71 (see Table 7). The groups did not significantly differ on the extent to which work is seen as a virtue (Scale II), nor was there a significant difference on the presence of healthy attitudes toward co-workers (Scale IV). However, the groups did significantly differ at the .05 probability level on the presence of healthy work attitudes (Scale III). The successful group had a mean score of 18.56 and the unsuccessful group had a mean of 17.35. The groups also significantly differed at the .05 probability level on the absence of projections of blame onto authority figures (Scale V). The successful group had a mean score of 17.90 and the unsuccessful group had a mean score of 16.16. Finally, the groups significantly differed at the .01 probability level on the total scale score. The successful group had a mean score of 81.56 and the unsuccessful group a mean score of 74.17.

Beginning performance on ABLE of successful and unsuccessful groups. The successful and unsuccessful groups differed significantly on only two of the scales of the ABLE. First, the groups significantly differed at the .05 probability level on spelling. The unsuccessful group had the highest mean score of 6.21 and the successful group a mean score of 4.99. Second, the groups

TABLE 7

Single Classification Analyses of Variance for the Successful and Unsuccessful Clients on Their Beginning Performance on the Work Attitude Scale (WAS) and the Adult Basic Learning Examination (ABLE)[1]

Variables	Successful N	Successful Mean	Unsuccessful N	Unsuccessful Mean	Among Groups M.S.	Total Groups M.S.	F	P
WAS Scale I	167	31.17	109	27.71	790.13	92.57	8.78	**
WAS Scale II	167	6.12	109	5.74	9.36	5.75	1.63	---
WAS Scale III	167	18.56	109	17.35	97.24	19.75	5.00	*
WAS Scale IV	167	7.81	109	7.21	24.01	9.33	2.59	---
WAS Scale V	167	17.90	109	16.16	200.19	49.16	4.12	*
Total WAS	167	81.56	109	74.17	3609.37	569.59	6.46	**
ABLE-Vocabulary	49	5.74	33	6.74	1978.30	582.64	3.50	---
ABLE-Reading	48	5.66	33	6.57	1627.63	757.32	2.18	---
ABLE-Spelling	49	4.99	33	6.21	2921.86	671.51	4.54	*
ABLE-Arithmetic Computation	49	5.16	32	6.09	1683.38	287.69	6.23	**
ABLE-Problem Solving	40	6.29	28	6.54	101.48	433.35	.23	---

*p<.05
**p<.01
***p<.001

[1] All (ABLE) mean scores have been converted to grade scores by moving the decimal point one place to the left.

significantly differed at the .01 probability level on arithmetic computation. The unsuccessful group had a mean score of 6.09 and the successful group a mean score of 5.16. The three scales on which there were no significant differences were the vocabulary, reading, and problem solving scales.

Ratings on the Diagnostic Evaluation Format (DEF)

The second type of data analysis was done on the ratings that were made of the clients on the Diagnostic Evaluation Format (DEF) by a series of single classification analyses of variance. The data on the clients was first separated by cities (San Antonio, Amarillo, and Dallas), then separated on the basis of ethnic-group membership (Mexican-Americans, Negroes, and Anglos), and finally separated by whether or not they were successfully rehabilitated (successful, or unsuccessful).

Ratings on DEF of city groups. The Dallas, San Antonio, and Amarillo groups significantly differed on the ratings of the following variables: personal hygiene; clothing; attitudes toward family; attitudes toward government; attitudes toward training and education; attitudes toward their children's education; affection toward their family; management of money and/or equivalent; management of time; resources for recreation; family hygiene; home sanitation; and degree of family illness.

The groups significantly differed at the .001 probability level on the ratings of their personal hygiene. The San Antonio

TABLE 8

Single Classification Analyses of Variance for the San Antonio, Amarillo, and Dallas Groups on Their Ratings on the Diagnostic Evaluation Format (DEF)

Variables	San Antonio		Amarillo		Dallas		Among Groups	Total Groups	F	p
	N	Mean	N	Mean	N	Mean	M.S.	M.S.		
Personal Hygiene	621	6.86	39	6.13	86	6.34	18.37	1.76	10.73	***
Clothing	619	6.84	39	6.33	86	5.97	31.99	2.02	16.51	***
Aesthetic	619	6.04	39	6.10	86	5.97	.30	2.60	.11	---
Intellectual Functioning	423	6.07	40	6.25	5	5.80	.80	1.03	.78	---
Perception	421	8.11	40	8.50	5	8.20	2.83	1.84	1.54	---
Projective	415	5.48	40	5.65	5	5.80	.74	2.42	.31	---
Attitudes Toward:										
Family	605	7.12	33	6.70	86	7.93	29.08	1.98	15.28	***
Government	609	6.00	33	5.27	86	5.43	19.33	2.12	9.34	***
Training	608	6.93	33	6.36	86	7.13	6.98	2.27	3.09	*
Child Education	500	6.35	17	5.76	83	5.66	18.78	2.15	8.97	***
Family Affection	507	6.33	17	6.41	82	5.23	42.98	2.89	15.59	***
Management of:										
Money and/or Equivalent	508	6.22	17	5.24	83	4.77	80.21	2.67	33.25	***
Time	508	6.04	17	5.94	83	4.73	60.76	2.72	24.02	***
Resources for Recreation	508	4.80	17	4.18	83	4.12	18.62	2.82	6.73	**
Hygiene of Family	508	6.40	17	5.41	83	6.22	8.89	2.17	4.14	*
Home Sanitation	507	6.27	17	5.71	83	5.66	15.06	2.83	5.41	**
Degree of Family Illness	509	6.38	17	5.24	83	6.05	14.02	3.28	4.32	**

*p<.05
**p<.01
***p<.001

group had the highest mean (6.86), followed by Dallas (6.34) and Amarillo (6.13). A rating of six indicated that the client had little concern for hygienic self-care, and that he complied with health standards mostly by habit. A rating of seven indicated that the client had some concern with living by reasonable health standards.

The groups significantly differed at the .001 probability level on the ratings of their manner of dress (clothing). The San Antonio group received a mean score of 6.84, followed by Amarillo (6.33) and Dallas (5.97). A rating of six indicated that a client's clothing was in fair condition, reasonably coordinated, and in a good state of maintenance. A rating of seven indicated a little more concern with the coordination of clothing items.

The groups significantly differed at the .001 probability level on the ratings of their attitudes toward family. The Dallas group received a mean rating of 7.93, followed by the San Antonio group (7.12) and the Amarillo group (6.70). A rating of six indicated that there were some interfering factors which depressed affectionate feelings toward the family. A rating of seven indicated some positive feeling toward the family but it also indicated that there were still some interfering factors which depressed affection. A rating of eight indicated that the client verbally expressed strong affectionate attitudes toward all family members, but evidenced little of this affection in his overt behavior.

The groups significantly differed at the .001 probability level on the ratings of their attitudes toward government. The San Antonio group received a mean rating of 6.00, followed by Dallas (5.43) and Amarillo (5.27). A rating of five indicated that there was neither overt dependence on government agencies, nor was there any active involvement in the functions of "good citizenship." A rating of six indicated that there was a recognition of both the temporary helping nature of assistance programs and an awareness of other governmental functions.

The groups significantly differed at the .05 probability level on the ratings of their attitudes toward training and education. The Dallas group received a mean rating of 7.13, followed by San Antonio (6.93) and Amarillo (6.36). A rating of six indicated that there was some verbal desire to participate in a training program but that this desire had not gone beyond the verbal stage. A rating of seven was approximately the same, but in this case much desire was expressed verbally.

The groups significantly differed at the .001 probability level on the ratings of their attitudes toward their children's education. The San Antonio group received a mean rating of 6.35, followed by the Amarillo group (5.76) and the Dallas group (5.66). A rating of five indicated that there was neither overt interest in their children's education nor feeling against their participation in the school programs. A rating of six indicated some interest in their children's education as well as a little participation in the activities of their children's education. It also indicated some awareness of the value of education to their children.

The groups significantly differed at the .001 probability level on the ratings of their affection toward their family. The Amarillo group received a mean rating of 6.41, followed by the San Antonio group (6.33) and the Dallas group (5.23). A rating of five indicated that there was some conflict between: 1) husband and wife; 2) father and children; and 3) mother and children. However, the relationships were sufficiently neutral for the family unit to continue. A rating of six indicated conflict in two of the above types of family relationships with one of the relationships remaining relatively positive.

The groups significantly differed at the .001 probability level on the ratings of their management of money and/or equivalent. The San Antonio group received a mean rating of 6.22, followed by the Amarillo group (5.24) and the Dallas group (4.77). A rating of four indicated that a few basic needs were not being met due to the misuse of money and/or equivalent. A rating of five indicated that basic needs were being met as a result of both habit and necessity. A rating of six indicated adequate usage of money and/or equivalent but no preplanning evidenced.

The groups significantly differed at the .001 probability level on the ratings of their management of time. The San Antonio group received a mean rating of 6.04, followed by Amarillo (5.94) and Dallas (4.73). A rating of four indicated that a few basic needs were not being met due to a misuse of time. A rating of five indicated that the client's usage of time was such that he was able to meet his basic needs, although primarily as a result of habit and necessity. A rating of six indicated that time was adequately used but there was no evidence of preplanning.

The groups significantly differed at the .01 probability level on the ratings of their resources for recreation. The San Antonio group received a mean rating of 4.80, followed by the Amarillo group (4.18) and the Dallas group (4.12). A rating of four indicated that some recreational activities were engaged in by the family and that there was also some evidence that the family had misused recreational resources or had not taken advantage of them. A rating of five indicated that the family routinely used recreational facilities.

The groups significantly differed at the .05 probability level on the ratings of their family hygiene. The San Antonio group received a mean rating of 6.40, followed by the Dallas group (6.22) and the Amarillo group (5.41). A rating of five indicated that there was little understanding of preventive health measures and that hygienic habits existed as a result of social pressure rather than for reasons of sanitation. A rating of six indicated that they complied with health standards largely as a result of habit, but did show some concern for hygienic self-care.

The groups significantly differed at the .01 probability level on the ratings of their home sanitation. The San Antonio group received a mean rating of 6.27, followed by Amarillo (5.71) and Dallas (5.66). A rating of five indicated that a few basics were missing and only some of the family's needs were being met. There was also indication of some poor sanitary habits. A rating of six indicated adequate home sanitation and a basic minimum standard of living for all family members. However, some inadequacies were still present.

The groups significantly differed at the .01 probability level on the ratings of their degree of family illness (a general estimate of the health of the family). The San Antonio group received a mean rating of 6.38, followed by Dallas (6.05) and Amarillo (5.24). A rating of five indicated that illness resulted in a moderate limitation of the family's functioning with either the presence or absence of medical supervision. A rating of six indicated that illness resulted in a minimum limitation of the family's functioning, accompanied by medical supervision.

The groups did not significantly differ on the following ratings of the following variables: aesthetic; intellectual functioning; perception; and projective.

The mean ratings on the aesthetic variable ranged from 5.97 to 6.10. A rating of six described a client who had a pleasing appearance but also had some displeasing characteristics which were not immediately noticed.

The mean ratings on the intellectual functioning variable ranged from 5.80 to 6.25. A rating of six indicated an 88-99 Beta IQ.

The mean scores on the perception variable ranged from 8.11 to 8.50. This Graham-Kendall perception rating assigned scores ranging from one to nine, with a score of one representing the most pathological and a score of nine representing the least pathological. An assigned score of one corresponded to a raw score of 40-44 on the actual test.

The mean scores on the projective measure ranged from 5.48 to 5.80. The projective measure used was the Rorschach and was rated on a nine-point scale with a score of one representing the most pathological end of the continuum. A rating of five corresponded to a raw score range of 138-161. The lowest raw score possible was 30 and the highest was 300 (i.e., a raw score range of 234-300 was equal to a score of one on the nine-point scale used here).

The following variables for city groups could not be analyzed as a result of insufficient data: oral hygiene; muscle (including hernia); bone; respiratory; cardiovascular; G.I. and G.U. Systems; endocrine and weight; neuro-sensory; sight; hearing; numerical; verbal; general; and dexterity.

Ratings on DEF of ethnic groups. The Mexican-Americans, Negroes, and Anglos significantly differed on the ratings of the following variables: numerical; verbal; general; intellectual functioning; projective; attitudes toward family; family affection; management of money and/or equivalent; and management of time.

The groups significantly differed at the .01 probability level on the ratings of their numerical ability. The Anglos received a mean rating of 7.80, followed by the Negroes (7.63) and the Mexican-Americans (6.97). A rating of seven indicated the ability to work with numbers through the fourth and fifth-grade levels. A rating of eight indicated the ability to work with numbers through the fifth and sixth-grade levels.

The groups significantly differed at the .001 probability level on the ratings of their verbal ability. The Anglos received a mean rating of 8.08, followed by the Negroes (8.05) and the Mexican-Americans (7.04). A rating of seven indicated: 1) an ability to speak and understand English at a level necessary for holding low, semi-skilled jobs; 2) a fourth and fifth-grade reading and writing ability; and 3) limited verbal and written communication. A rating of eight indicated: 1) an ability to speak and understand English at a level necessary for holding semi-skilled jobs; 2) a fifth and sixth-grade reading and writing ability; and 3) fair verbal and written communication.

The groups significantly differed at the .05 probability level on the ratings of their general ability. The Anglos received a mean rating of 8.20, followed by the Negroes (7.90) and the Mexican-Americans (7.57). A rating of seven indicated a knowledge

TABLE 9

Single Classification Analyses of Variance for the Ethnic Groups on Their Ratings on the Diagnostic Evaluation Format (DEF)

Variables	Mexican-Americans N	Mexican-Americans Mean	Negroes N	Negroes Mean	Anglos N	Anglos Mean	Among Groups M.S.	Total Groups M.S.	F	P
Personal Hygiene	454	6.75	190	6.73	96	6.88	.74	1.76	.42	---
Clothing	454	6.71	189	6.62	95	6.93	2.99	2.02	1.49	---
Aesthetic	453	5.96	190	6.25	95	6.00	5.81	2.60	2.25	---
Oral Hygiene	393	8.40	80	8.30	55	8.09	2.47	1.24	2.00	---
Muscle (including Hernia)	389	8.11	80	8.19	55	8.11	.21	3.51	.06	---
Bone	388	7.91	79	8.30	54	7.91	5.09	4.22	1.21	---
Respiratory	392	7.93	80	8.26	54	7.81	4.33	4.31	1.01	---
Cardiovascular	390	8.25	80	8.05	55	8.22	1.28	3.25	.39	---
G.I. and G.U. Systems	389	8.59	79	8.65	54	8.70	.38	1.80	.21	---
Endocrine and Weight	392	8.24	80	7.88	55	8.58	8.42	3.06	2.77	---
Neuro-sensory	386	8.44	75	8.43	54	8.56	.36	2.74	.13	---
Sight	390	8.49	75	8.77	55	8.64	2.78	1.76	1.58	---
Hearing	381	8.87	73	8.84	53	9.00	.49	.60	.82	---
Numerical	251	6.97	40	7.63	25	7.80	13.63	2.29	6.14	**
Verbal	251	7.04	40	8.05	25	8.08	26.74	3.12	9.02	***
General	250	7.57	39	7.90	25	8.20	5.71	1.41	4.12	*
Intellectual Functioning	315	6.03	89	5.90	55	6.51	6.86	1.01	6.97	**
Perception	312	8.09	90	8.03	56	8.50	4.51	1.86	2.43	---
Dexterity	306	5.46	72	5.14	43	5.21	3.64	7.75	.47	---
Projective	306	5.47	89	5.85	56	5.02	12.21	2.41	5.15	**

TABLE 9 (Continued)

Variables	Mexican-Americans N	Mexican-Americans Mean	Negroes N	Negroes Mean	Anglos N	Anglos Mean	Among Groups M.S.	Total Groups M.S.	F	P
Attitudes Toward:										
Family	439	7.12	185	7.42	94	7.10	6.13	1.99	3.10	*
Government	443	5.91	185	5.84	94	6.11	2.29	2.11	1.09	---
Training	442	6.91	185	7.07	94	6.82	2.43	2.25	1.08	---
Child Education	366	6.28	154	6.06	75	6.39	3.48	2.16	1.62	---
Family Affection	371	6.33	154	5.80	76	6.24	15.72	2.87	5.55	**
Management of:										
Money and/or Equivalent	372	6.19	155	5.57	76	6.04	21.45	2.62	8.38	***
Time	372	6.02	155	5.48	76	5.91	16.27	2.71	6.10	**
Resources for Recreation	372	4.68	155	4.62	76	4.84	1.28	2.83	.45	---
Hygiene of Family	372	6.36	155	6.34	76	6.33	.05	2.17	.02	---
Home Sanitation	372	6.20	155	6.05	75	6.32	2.12	2.82	.75	---
Degree of Family Illness	373	6.31	155	6.35	76	6.20	.59	3.26	.18	---

*p<.05
**p<.01
***p<.001

of the environment which was below average, but it also indicated that the client was well informed on issues concerned with daily news and events. There was also an indication of an ability to care for one's family. A rating of eight indicated the same status as a rating of seven, but with the addition of an average adult knowledge of the environment.

The groups significantly differed at the .01 probability level on the ratings of their intellectual functioning. The Anglos received a mean rating of 6.51, followed by the Mexican-Americans (6.03) and the Negroes (5.90). A rating of six indicated a Beta IQ of 88-99.

The groups significantly differed at the .01 probability level on the ratings of a projective measure (Rorschach). The Negroes received a mean rating of 5.85, followed by the Mexican-Americans (5.47) and the Anglos (5.02). A rating of five corresponded to a raw score rating on the Rorschach of 138-161. A rating of six corresponded to a raw score rating on the Rorschach of 114-137. (A rating of one was equal to the most pathological end of the continuum and corresponded to a raw score range of 234-300.)

The groups significantly differed at the .05 probability level on the ratings of their attitudes toward their family. The Negroes received a mean rating of 7.42, followed by the Mexican-Americans (7.12) and the Anglos (7.10). A rating of seven indicated some positive feelings toward the family but it also indicated that there were still some interfering factors which depressed affection. A rating of eight indicated that the client verbally expressed strong affection attitudes toward all family members but evidenced little of this affection in his overt behavior.

The groups significantly differed at the .01 probability level on the ratings of their affection toward their family. The Mexican-Americans received a mean rating of 6.33, followed by the Anglos (6.24) and the Negroes (5.80). A rating of five indicated that there was some conflict between: 1) husband and wife; 2) father and children; and 3) mother and children. However, relationships were adequate for the family unit to continue. A rating of six indicated conflict in two of the above types of family relationships with one of the relationships remaining relatively positive.

The groups significantly differed at the .001 probability level on the ratings of their management of money and/or equivalent. The Mexican-Americans received a mean rating of 6.19, followed by the Anglos (6.04) and the Negroes (5.57). A rating of five indicated that basic needs were being met as a result of both habit and necessity. A rating of six indicated adequate usage of money and/or equivalent but no preplanning evidenced.

The groups significantly differed at the .01 probability level on the ratings of their management of time. The Mexican-Americans received a mean rating of 6.02, followed by the

Anglos (5.91) and the Negroes (5.48). A rating of five indicated that the client's usage of time was such that he was able to meet his basic needs but primarily as a result of habit and necessity. A rating of six indicated that time was adequately used but there was no evidence of preplanning.

The ethnic groups did not significantly differ on the ratings of the following variables: personal hygiene; clothing; aesthetic; oral hygiene; muscle (including hernia); bone; respiratory; cardiovascular; G.I. and G.U. Systems; endocrine and weight; neuro-sensory; sight; hearing; perception; dexterity; attitudes toward government; attitudes toward training; attitudes toward child's education; resources for recreation; hygiene of family; home sanitation; and degree of family illness.

The mean ratings for the personal hygiene variable ranged from 6.73 to 6.88. A rating of seven indicated that the client's daily living habits included some hygienic activities and was concerned to a certain extent with living by reasonable health standards.

The mean ratings for the clothing variable ranged from 6.62 to 6.93. A rating of seven indicated that the client's clothing was in fair condition, and in a good state of maintenance. It also indicated that there was some concern with the coordination of clothing items.

The mean ratings for the aesthetic variable ranged from 5.96 to 6.25. A rating of six described an individual who had a pleasing appearance but who also had some displeasing characteristics which were not immediately noticed.

The following is a list of physical status variables (on which the groups did not significantly differ) and range of mean ratings: 1) oral hygiene (8.09 to 8.40); 2) muscle--including hernia (8.11 to 8.19); 3) bone (7.91 to 8.30); 4) respiratory (7.81 to 8.26); 5) cardiovascular (8.05 to 8.25); 6) G.I. and G.U. Systems (8.59 to 8.70); 7) endocrine and weight (7.88 to 8.58); 8) neuro-sensory (8.43 to 8.56); 9) sight (8.49 to 8.77); and 10) hearing (8.84 to 9.00). The following ratings describe the degree to which an anatomical structure or organ system interfered with the client's daily activity: a) a rating of seven indicated that even though some fatigue was reported at the end of the day, the client could do almost anything and did not require any medical attention; b) a rating of eight indicated that there were no limitations to the client's daily activities but some medical supervision might have been required; c) a rating of nine indicated that there were no limitations to the client's daily activities and no medical supervision was required.

The mean ratings for the perception variable ranged from 8.03 to 8.50. A rating of eight indicated one of the least pathological states (nine being the least pathological and corresponding to a raw score range of 0-4 on the Graham-Kendall test).

The mean ratings for the dexterity variable ranged from 5.14 to 5.46. A rating of five corresponded to a raw score range on the *Purdue Pegboard Test* of 43 to 44. A number one rating was equal to the least dexterity and a number nine rating the most.

The mean ratings for the attitudes toward government variable ranged from 5.84 to 6.11. A rating of five indicated that there was neither overt dependence on government agencies, nor was there any active involvement in those functions of "good citizenship." A rating of six indicated that there was a recognition of both the temporary helping nature of assistance programs and an awareness of other governmental functions.

The mean ratings for the attitudes toward training and education variable ranged from 6.82 to 7.07. A rating of six indicated that there was some verbal desire to participate in a training program but that this desire had not gone beyond the verbal stage. A rating of seven was approximately the same, but, in this case much desire was expressed verbally.

The mean ratings for the attitudes toward children's education variable ranged from 6.06 to 6.39. A rating of six indicated some interest in their children's education as well as a little participation in the activities of their children's education.

The mean ratings for the resources for recreation variable ranged from 4.62 to 4.84. A rating of four indicated that there were some recreational activities engaged in by the family. There was also some evidence which indicated that the family had misused resources or had not taken advantage of them.

The mean ratings for the family hygiene variable ranged from 6.33 to 6.36. A rating of six indicated that they complied with health standards as a result of habit but did show some concern for hygienic self-care.

The mean ratings for the home sanitation variable ranged from 6.05 to 6.32. A rating of six indicated adequate home sanitation and a basic minimum standard of living for all family members. However, there were also some inadequacies present.

The mean ratings for the degree of family illness variable ranged from 6.20 to 6.35. A rating of six indicated that illness resulted in a minimum limitation on the family's functioning, accompanied by medical supervision.

Ratings on DEF of successful and unsuccessful groups. The clients who were successfully vocationally rehabilitated and the clients who were not successfully vocationally rehabilitated significantly differed on the ratings on the following variables: personal hygiene; clothing; numerical ability; general ability; dexterity; attitudes toward government; attitudes toward education and training; attitudes toward their children's education; management of money and/or equivalent; management of time; and degree of family illness.

TABLE 10

Single Classification Analyses of Variance for the Successful and Unsuccessful Clients on Their Ratings on the Diagnostic Evaluation Format (DEF)

	Successful		Unsuccessful		Among Groups	Total Groups		
Variables	N	Mean	N	Mean	M.S.	M.S.	F	P
Personal Hygiene	154	7.09	120	6.75	7.84	1.59	5.01	*
Clothing	154	7.14	120	6.72	12.25	1.83	6.84	**
Aesthetic	153	6.33	120	6.03	6.13	2.55	2.42	---
Oral Hygiene	134	8.31	80	8.40	.38	1.08	.35	---
Muscle (including Hernia)	134	8.20	78	8.15	.11	3.18	.04	---
Bone	133	8.02	78	7.97	.11	4.21	.03	---
Respiratory	134	7.87	80	8.23	6.20	4.46	1.40	---
Cardiovascular	133	7.99	79	7.92	.18	4.25	.04	---
G.I. and G.U. Systems	134	8.70	79	8.67	.00	1.58	.00	---
Endocrine and Weight	134	8.12	79	7.78	5.56	3.86	1.44	---
Neuro-sensory	133	8.38	77	8.31	.20	3.39	.06	---
Sight	133	8.36	79	8.56	1.91	2.43	.78	---
Hearing	129	8.94	77	8.71	2.41	.76	3.21	---
Numerical	102	7.61	37	7.05	8.33	1.61	5.33	*
Verbal	102	7.60	37	7.14	5.82	2.63	2.23	---
General	101	8.01	36	7.36	11.17	.99	12.23	***
Intellectual Functioning	117	6.18	60	5.98	1.53	.93	1.65	---
Perception	118	8.26	63	8.19	.21	1.83	.12	---
Dexterity	108	6.04	56	5.05	35.67	8.09	4.51	*
Projective	116	5.42	61	5.28	.83	2.36	.35	---

TABLE 10 (Continued)

Variables	Successful N	Successful Mean	Unsuccessful N	Unsuccessful Mean	Among Groups M.S.	Total Groups M.S.	F	p
Attitudes toward:								
Family	144	7.38	120	7.22	1.79	1.71	1.05	---
Government	147	6.20	120	5.68	17.45	1.90	9.45	**
Training	146	7.31	120	6.68	25.72	1.93	14.00	***
Child Education	141	6.42	109	6.02	9.84	2.00	5.00	*
Family Affection	144	6.40	111	6.09	6.13	2.73	2.26	---
Management of:								
Money and/or Equivalent	144	6.31	111	5.85	13.19	2.57	5.22	*
Time	144	6.27	111	5.50	36.81	2.68	14.46	***
Resources for Recreation	144	4.78	111	4.67	.77	2.81	.27	---
Hygiene of Family	144	6.42	111	6.38	.09	1.88	.05	---
Home Sanitation	143	6.29	111	6.26	.04	2.82	.01	---
Degree of Family Illness	144	6.58	111	5.82	36.54	3.63	10.44	**

*$p < .05$
**$p < .01$
***$p < .001$

The groups significantly differed at the .05 probability level on the ratings of their personal hygiene. The successful group received a mean rating of 7.09, and the unsuccessful group a mean of 6.75. A rating of six indicated that there was little concern for hygienic self-care, and that the client complied with health standards mostly by habit. A rating of seven indicated that the client had some concern for living by reasonable health standards.

The groups significantly differed at the .01 probability level on the ratings of their clothing. The successful group received a mean rating of 7.14, and the unsuccessful group a mean of 6.72. A rating of six indicated that their clothing was in fair condition, reasonably coordinated, and in a good state of maintenance. A rating of seven indicated a little more concern with the coordination of clothing items.

The groups significantly differed at the .05 probability level on the ratings of their numerical ability. The successful group received a mean rating of 7.61, and the unsuccessful group a mean of 7.05. A rating of seven indicated the ability to work with numbers through the fourth and fifth-grade levels.

The groups significantly differed at the .001 probability level on the ratings of their general ability. The successful group received a mean rating of 8.01, and the unsuccessful group a mean of 7.36. A rating of seven indicated that the client had a below-average knowledge of the environment, but was well informed on issues concerned with daily news and events. This rating also indicated an ability to care for one's family. A rating of eight indicated an average adult knowledge of the environment in addition to the items listed above for the rating of seven.

The groups significantly differed at the .05 probability level on the ratings of their dexterity. The successful group received a mean rating of 6.04, and the unsuccessful group a mean of 5.05. A rating of five corresponded to a raw score range on the Purdue Pegboard Test of 43 to 44, and a rating of six corresponded to a raw score value of 45. A number one rating was equal to the least amount of dexterity and a number nine rating the most.

The groups significantly differed at the .01 probability level on the ratings of their attitudes toward government. The successful group received a mean rating of 6.20, and the unsuccessful group a mean of 5.68. A rating of five indicated that there was neither overt dependence on government agencies, nor was there any active involvement in those functions of "good citizenship." A rating of six indicated that there was a recognition of both the temporary helping nature of assistance programs and an awareness of other governmental functions.

The groups significantly differed at the .001 probability level on the ratings of their attitudes toward education and training. The successful group received a mean rating of 7.31, and the unsuccessful group a mean of 6.68. A rating of six indicated that there was some verbal desire to participate in a training program but that this desire has not gone beyond the verbal stage. A rating of seven was approximately the same, but, in this case much desire was expressed verbally.

The groups significantly differed at the .05 probability level on the ratings of their attitudes toward their children's education. The successful group received a mean rating of 6.42, and the unsuccessful group a mean of 6.02. A rating of six indicated some interest in their children's education as well as a little participation in the activities of their children's education.

The groups significantly differed at the .05 probability level on the ratings of their management of money and/or equivalent. The successful group received a mean rating of 6.31, and the unsuccessful group a mean of 5.85. A rating of five indicated that basic needs were being met as a result of both habit and necessity. A rating of six indicated adequate usage of money and/or equivalent but no preplanning evidenced.

The groups significantly differed at the .001 probability level on the ratings of their management of time. The successful group received a mean rating of 6.27, and the unsuccessful group a mean of 5.50. A rating of five indicated that the client's usage of time was such that he was able to meet his basic needs but primarily as a result of habit and necessity. A rating of six indicated that time was adequately used but there was no evidence of preplanning.

The groups significantly differed at the .01 probability level on the ratings of the degree of family illness (general estimate of the health of the family). The successful group received a mean rating of 6.58, and the unsuccessful group a mean of 5.82. A rating of five indicated that illness resulted in a moderate limitation on the family's functioning with either the presence or absence of medical supervision. A rating of six indicated that illness resulted in a minimum limitation on the family's functioning and was accompanied by medical supervision.

The clients who were successfully vocationally rehabilitated and the clients who were unsuccessfully vocationally rehabilitated did not significantly differ on the ratings of the following variables: aesthetic; oral hygiene; muscle (including hernia); bone; respiratory; cardiovascular; G.I. and G.U. Systems; endocrine and weight; neuro-sensory; sight; hearing; verbal ability; intellectual functioning; perception; projective; attitudes toward family; family affection; resources for recreation; hygiene of family; and home sanitation.

The mean ratings for the aesthetic variable were 6.33 for the successful group and 6.03 for the unsuccessful group. A rating of six described an individual who had a pleasing appearance but who also had some displeasing characteristics which were not immediately noticed.

The following is a list of physical status variables on which the groups did not significantly differ and mean ratings: 1) oral hygiene (successful - 8.31, unsuccessful - 8.40); 2) muscle--including hernia (successful - 8.20, unsuccessful - 8.15); 3) bone (successful - 8.02, unsuccessful - 7.97); 4) respiratory (successful - 7.87, unsuccessful - 8.23); 5) cardiovascular (successful - 7.99, unsuccessful - 7.92); 6) G.I. and G.U. Systems (successful - 8.70, unsuccessful - 8.67); 7) endocrine and weight (successful - 8.12, unsuccessful - 7.78); 8) neuro-sensory (successful - 8.38, unsuccessful - 8.31); 9) sight (successful - 8.36, unsuccessful - 8.56); and 10) hearing (successful - 8.94, unsuccessful - 8.71). The following ratings described the degree to which an anatomical structure or organ system interfered with the client's daily activity: a) a rating of seven indicated that even though some fatigue was reported at the end of the day, the client could do almost anything and did not require any medical attention, b) a rating of eight indicated that there were no limitations to the client's daily activities but that some medical supervision might have been required; c) a rating of nine indicated that there were no limitations to the client's daily activities and no medical supervision was required.

The mean ratings for the verbal ability variable were 7.60 for the successful group and 7.14 for the unsuccessful group. A rating of seven indicated: 1) an ability to speak and understand English at a level necessary for holding low, semi-skilled jobs;

2) a fourth and fifth-grade reading and writing ability; and 3) limited verbal and written communication.

The mean ratings for the intellectual functioning variable were 6.18 for the successful group and 5.98 for the unsuccessful group. A rating of six indicated a Beta IQ of 88-99.

The mean ratings for the perception variable were 8.26 for the successful group and 8.19 for the unsuccessful group. A rating of eight indicated one of the least pathological states (nine being the least pathological and corresponding to a raw score range of 0-4 on the Graham-Kendall test).

The mean ratings for the projective variable were 5.42 for the successful group and 5.28 for the unsuccessful group. A rating of five corresponded to a raw score rating on the Rorschach of 138-161. (A rating of one was equal to the most pathological end of the continuum and corresponded to a raw score range of 234-300.)

The mean ratings for the attitudes toward family variable were 7.38 for the successful group and 7.22 for the unsuccessful group. A rating of seven indicated some positive feelings toward the family but it also indicated that there were still some interfering factors which depressed affection.

The mean ratings for the family affection variable were 6.40 for the successful group and 6.09 for the unsuccessful group. A rating of six indicated conflict in two of the following types of family relationships: 1) husband and wife; 2) father and children; and 3) mother and children, with one of the relationships remaining relatively positive.

The mean ratings for the resources for recreation variable were 4.78 for the successful group and 4.67 for the unsuccessful group. A rating of four indicated that some recreational activities were engaged in by the family. There was also some evidence that the family had misused resources or had not taken advantage of them. A rating of five indicated that the family routinely used recreational facilities.

The mean ratings for the hygiene of family variable were 6.42 for the successful group and 6.38 for the unsuccessful group. A rating of six indicated that the clients complied with health standards only as a result of habit but did show some concern for hygienic self-care.

The mean ratings for the home sanitation variable were 6.29 for the successful group and 6.26 for the unsuccessful group. A rating of six indicated adequate home sanitation and a basic minimum standard of living for all family members. However, there were also some inadequacies present.

Beginning and Final Performance on the WAS and the ABLE

A third type of data analysis was done on the beginning and final performance of the clients on the WAS and the ABLE by a series of subject by trial analyses of variance. The data on the clients was first separated by cities (San Antonio, Amarillo, and Dallas), then separated on the basis of ethnic membership (Mexican-Americans, Negroes, and Anglos), and finally, separated by whether or not they were successfully rehabilitated (successful, or unsuccessful).

Beginning and final performance on the WAS for city groups. Table 11 indicates that the San Antonio, Amarillo, and Dallas groups comprised distinctly different populations ($p < .05$) in their overall performance on the WAS Scale I, which measures the absence of excuses for not working. The Amarillo group had the highest overall group mean of 38.14, followed by the San Antonio group with a mean of 35.63 and the Dallas group with a mean of 33.81. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 33.63 and the mean posttest score was 37.01. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 12 indicates that the groups comprised distinctly different populations ($p < .01$) in their overall performance on the WAS Scale II, which measures the extent to which work is seen as a virtue. The Amarillo group had the highest overall group mean of 7.55, followed by the San Antonio group with a mean of 7.17 and the Dallas group with a mean of 6.33. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .01$).

TABLE 11

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Work Attitude Scale (WAS) (Scale I)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 121)	34.10	37.16	3.06	35.63
Amarillo (N = 21)	36.19	40.10	3.91	38.14
Dallas (N = 64)	31.89	35.73	3.84	33.81
Trial Means	33.63	37.01		

Source	Mean Square	F	p
Between Groups	324.27	2.96	*
Within Trials	1182.53	53.33	***
Groups by Trials	8.02	.40	---

*p<.05
**p<.01
***p<.001

TABLE 12

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Work Attitude Scale (WAS) (Scale II)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 121)	6.94	7.40	.46	7.17
Amarillo (N = 21)	7.05	8.05	1.00	7.55
Dallas (N = 64)	6.31	6.34	.03	6.33
Trial Means	6.76	7.14		

Source	Mean Square	F	P
Between Groups	38.07	5.09	**
Within Trials	14.77	6.97	**
Groups by Trials	4.13	1.95	---

*p<.05
**p<.01
***p<.001

The mean pretest score was 6.76 and the mean posttest score was 7.14. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 13 indicates that the groups comprised distinctly different populations ($p < .01$) in their overall performance on the WAS Scale III, which measures the presence of healthy work attitudes. The Amarillo group had the highest overall group mean of 21.79, followed by the San Antonio group with a mean of 20.05 and the Dallas group with a mean of 18.84. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 19.21 and the mean posttest score was 20.49. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 14 indicates that the groups did not comprise distinctly different populations in their overall performance on the WAS Scale IV which measures the presence of healthy attitudes toward co-workers. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 8.47 and the mean posttest score was 9.45. When the pre- and posttest performances were analyzed by groups separately, it was found that the groups changed at significantly different rates ($p < .05$). The Dallas group had a mean pretest

TABLE 13

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Work Attitude Scale (WAS)

(Scale III)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 121)	19.42	20.67	1.25	20.05
Amarillo (N = 21)	21.33	22.24	.91	21.79
Dallas (N = 64)	18.11	19.58	1.47	18.84
Trial Means	19.21	20.49		

Source	Mean Square	F	p
Between Groups	148.11	5.82	**
Within Trials	169.17	29.40	***
Groups by Trials	1.34	.23	---

*p<.05
**p<.01
***p<.001

TABLE 14

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Work Attitude Scale (WAS) (Scale IV)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 121)	8.61	9.26	.65	8.93
Amarillo (N = 21)	9.52	10.38	.86	9.95
Dallas (N = 64)	7.84	9.50	1.66	8.67
Trial Means	8.47	9.45		

Source	Mean Square	F	P
Between Groups	26.07	2.04	---
Within Trials	99.04	29.25	***
Groups by Trials	10.80	3.19	*

*p<.05
**p<.01
***p<.001

score of 7.84 and a mean posttest score of 9.50, with a mean gain of 1.66. The Amarillo group had a mean pretest score of 9.52 and a mean posttest score of 10.38, with a mean gain of .86. The San Antonio group had a mean pretest score of 8.61 and a mean posttest score of 9.26, with a mean gain of .65.

Table 15 indicates that the groups comprised distinctly different populations ($p < .05$) in their overall performance on the WAS Scale V which measures the _absence of projections of blame onto authority figures_. The Amarillo group had the highest overall group mean of 22.24, followed by the San Antonio group with a mean of 20.10 and the Dallas group with a mean of 18.59. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 18.90 and the mean posttest score was 20.79. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 16 indicates that the groups comprised distinctly different populations ($p < .05$) in their overall performance on the _Total WAS Score_. The Amarillo group had the highest overall group mean of 99.67, followed by the San Antonio group with a mean of 91.88 and the Dallas group with a mean of 86.24. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 86.96 and the mean posttest score was 94.87. However, when the pre- and posttest

TABLE 15

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Work Attitude Scale (WAS) (Scale V)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 121)	19.29	20.91	1.62	20.10
Amarillo (N = 21)	21.14	23.33	2.19	22.24
Dallas (N = 64)	17.44	19.73	2.29	18.59
Trial Means	18.90	20.79		

Source	Mean Square	F	p
Between Groups	229.54	3.23	*
Within Trials	367.28	28.50	***
Groups by Trials	5.33	.41	---

*p<.05
**p<.01
***p<.001

TABLE 16

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Work Attitude Scale (WAS)

(Total WAS)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 121)	88.36	95.39	7.03	91.88
Amarillo (N = 21)	95.24	104.10	8.86	99.67
Dallas (N = 64)	81.59	90.89	9.30	86.24
Trial Means	86.96	94.87		

Source	Mean Square	F	P
Between Groups	3,117.63	4.07	*
Within Trials	6,456.70	53.69	***
Groups by Trials	59.19	.49	---

*p<.05
**p<.01
***p<.001

performances were analyzed by groups separately, the groups did not change at significantly different rates.

Beginning and final performance on the ABLE for city groups. Table 17 indicates that the San Antonio, Amarillo, and Dallas groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Vocabulary Scale. The Amarillo group had the highest overall group mean of 7.67, followed by the Dallas group with a mean of 7.33 and the San Antonio group with a mean of 6.07. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .05$). The mean pretest score was 6.60 and the mean posttest score was 6.78. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 18 indicates that the groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Reading Scale. The Amarillo group had the highest overall group mean of 7.96, followed by the Dallas group with a mean of 7.80 and the San Antonio group with a mean of 6.12. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .01$). The mean pretest score was 6.78 and the mean posttest score was 7.07. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

TABLE 17

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Adult Basic Learning Examination (ABLE) (Vocabulary)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 98)	5.96	6.18	.22	6.07
Amarillo (N = 21)	7.70	7.63	-.07	7.67
Dallas (N = 64)	7.23	7.43	.20	7.33
Trial Means	6.60	6.78		

Source	Mean Square	F	p
Between Groups	8,402.61	10.37	***
Within Trials	306.63	4.48	*
Groups by Trials	37.61	.55	---

*p<.05
**p<.01
***p<.001

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[1] All mean scores have been converted to grade scores by moving the decimal one place to the left.

TABLE 18

Subjects by Trial Analysis of Variance on
Pre and Post Scores for the San Antonio, Amarillo,
and Dallas Groups on the Adult Basic Learning Examination (ABLE)
(Reading)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 99)	5.96	6.29	.33	6.12
Amarillo (N = 21)	7.91	8.01	.10	7.96
Dallas (N = 66)	7.65	7.95	.30	7.80
Trial Means	6.78	7.07		

Source	Mean Square	F	p
Between Groups	13,649.51	17.12	***
Within Trials	798.45	10.32	**
Groups by Trials	24.76	.32	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal one place to the left.

Table 19 indicates that the groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Spelling Scale. The Dallas group had the highest overall group mean of 7.13, followed by the Amarillo group with a mean of 7.09 and the San Antonio group with a mean of 5.36. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 5.89 and the mean posttest score was 6.47. When the pre- and posttest performances were analyzed by groups separately, it was found that the groups changed at significantly different rates ($p < .001$). The Dallas group had a mean pretest score of 6.52 and a mean posttest score of 7.73, with a mean gain of 1.21. The Amarillo group had a mean pretest score of 6.92 and a mean posttest score of 7.27 with a mean gain of .35. The San Antonio group had a mean pretest score of 5.25 and a mean posttest score of 5.48, with a mean gain of .23.

Table 20 indicates that the groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Arithmetic Computation Scale. The Dallas group had the highest overall group mean of 6.87, followed by the Amarillo group with a mean of 6.80 and the San Antonio group with a mean of 5.65. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 5.72 and the mean posttest score was 6.71. When the pre- and posttest

TABLE 19

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Adult Basic Learning Examination (ABLE) (Spelling)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 98)	5.25	5.48	.23	5.36
Amarillo (N = 21)	6.92	7.27	.35	7.09
Dallas (N = 64)	6.52	7.73	1.21	7.13
Trial Means	5.89	6.47		

Source	Mean Square	F	p
Between Groups	14,014.17	12.94	***
Within Trials	3,081.54	25.84	***
Groups by Trials	970.24	8.14	***

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

TABLE 20

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Adult Basic Learning Examination (ABLE) (Arithmetic Computation)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 99)	5.28	6.02	.74	5.65
Amarillo (N = 21)	6.21	7.38	1.17	6.80
Dallas (N = 66)	6.22	7.52	1.30	6.87
Trial Means	5.72	6.71		

Source	Mean Square	*F*	*p*
Between Groups	6,696.14	15.85	***
Within Trials	9,150.60	103.24	***
Groups by Trials	332.73	3.75	*

*$p<.05$
**$p<.01$
***$p<.001$

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

performances were analyzed by groups separately, it was found that the groups changed at significantly different rates ($p < .05$). The Dallas group had a mean pretest score of 6.22 and a mean posttest score of 7.52, with a mean gain of 1.30. The Amarillo group had a mean pretest score of 6.21 and a mean posttest score of 7.38, with a mean gain of 1.17. The San Antonio group had a mean pretest score of 5.28 and a mean posttest score of 6.02, with a mean gain of .74.

Table 21 indicates that the groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Problem Solving Scale. The Dallas group had the highest overall group mean of 7.09, followed by the Amarillo group with a mean of 6.95 and the San Antonio group with a mean of 5.76. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 6.04 and the mean posttest score was 6.71. When the pre- and posttest performances were analyzed by groups separately, it was found that the groups changed at significantly different rates ($p < .001$). The Dallas group had a mean pretest score of 6.36 and a mean posttest score of 7.83 with a mean gain of 1.47. The Amarillo group had a mean pretest score of 6.80 and a mean posttest score of 7.10 with a mean gain of .30. The San Antonio group had a mean pretest score of 5.66 and a mean posttest score of 5.86, with a mean gain of .20.

TABLE 21

Subjects by Trial Analysis of Variance on Pre and Post Scores for the San Antonio, Amarillo, and Dallas Groups on the Adult Basic Learning Examination (ABLE) (Problem Solving)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
San Antonio (N = 94)	5.66	5.86	.20	5.76
Amarillo (N = 21)	6.80	7.10	.30	6.95
Dallas (N = 64)	6.36	7.83	1.47	7.09
Trial Means	6.04	6.71		

Source	Mean Square	F	p
Between Groups	7,536.12	13.40	***
Within Trials	4,002.26	20.41	***
Groups by Trials	1,586.15	8.09	***

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

Beginning and final performance on the WAS for ethnic groups. Table 22 indicates that the Mexican-Americans, Negroes, and Anglos did not comprise distinctly different populations in their overall performance on the WAS Scale I, which measures the absence of excuses for not working. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 33.92 and the mean posttest score was 37.32. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 23 indicates that the ethnic groups comprised distinctly different populations ($p < .01$) in their overall performance on the WAS Scale II, which measures the extent to which work is seen as a virtue. The Anglo group had the highest overall group mean of 8.26, followed by the Negro group with a mean of 6.96 and the Mexican-American group with a mean of 6.83. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .01$). The mean pretest score was 6.87 and the mean posttest score was 7.28. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 24 indicates that the ethnic groups comprises distinctly different populations ($p < .05$) in their overall performance on the WAS Scale III, which measures the presence of healthy work attitudes.

TABLE 22

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Ethnic Groups on the Work Attitude Scale (WAS)

(Scale I)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 72)	33.24	36.49	3.25	34.86
Negroes (N = 79)	34.05	37.22	3.17	35.63
Anglos (N = 23)	35.61	40.26	4.65	37.93
Trial Means	33.92	37.32		

Source	Mean Square	F	p
Between Groups	164.72	1.49	---
Within Trials	1,003.68	50.41	***
Groups by Trials	10.51	.53	---

*p<.05
**p<.01
***p<.001

TABLE 23

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Ethnic Groups on the Work Attitude Scale (WAS)

(Scale II)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 72)	6.64	7.01	.37	6.83
Negroes (N = 79)	6.78	7.13	.35	6.96
Anglos (N = 23)	7.91	8.61	.70	8.26
Trial Means	6.87	7.28		

Source	Mean Square	F	P
Between Groups	37.92	5.50	**
Within Trials	14.08	6.57	**
Groups by Trials	.58	.27	---

*p<.05
**p<.01
***p<.001

TABLE 24

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Ethnic Groups on the Work Attitude Scale (WAS)

(Scale III)

	Means			
	Pre	Post	Gain (or Loss)	Group Mean
Mexican-Americans (N = 72)	18.78	19.75	.97	19.26
Negroes (N = 79)	19.46	21.09	1.63	20.27
Anglos (N = 23)	20.70	22.39	1.69	21.54
Trial Means	19.34	20.71		

Source	Mean Square	F	p
Between Groups	99.57	4.03	*
Within Trials	162.77	28.30	***
Groups by Trials	4.82	.84	---

*p<.05
**p<.01
***p<.001

The Anglo group had the highest overall group mean of 21.54, followed by the Negro group with a mean of 20.27 and the Mexican-American group with a mean of 19.26. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 19.34 and the mean posttest score was 20.71. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 25 indicates that the ethnic groups comprised distinctly different populations ($p < .05$) in their overall performance on the WAS Scale IV, which measures the presence of healthy attitudes toward co-workers. The Anglo group had the highest overall group mean of 10.30, followed by the Negro group with a mean of 9.04 and the Mexican-American group with a mean of 8.66. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 8.57 and the mean posttest score was 9.51. When the pre- and posttest performances were analyzed by groups separately, it was found that the groups changed at significantly different rates ($p < .001$). The Anglo group had a mean pretest score of 9.45 and a mean posttest score of 11.14 with a mean gain of 1.69. The Negro group had a mean pretest score of 8.25 and a mean posttest score of 9.82 with a mean gain of 1.57. The Mexican-American group had a mean pretest score of 8.64 and a mean posttest score of 8.68 with a mean gain of .04.

Table 26 indicates that the ethnic groups did not comprise distinctly different populations in their overall performance on the

TABLE 25

Subjects by Trial Analysis of Variance on

Pre and Post Scores for the Ethnic Groups on the

Work Attitude Scale (WAS)

(Scale IV)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 72)	8.64	8.68	.04	8.66
Negroes (N = 79)	8.25	9.82	1.57	9.04
Anglos (N = 22)	9.45	11.14	1.69	10.30
Trial Means	8.57	9.51		

Source	Mean Square	F	p
Between Groups	45.09	3.64	*
Within Trials	77.73	25.44	***
Groups by Trials	25.38	8.31	***

*p<.05
**p<.01
***p<.001

TABLE 26

Subjects by Trial Analysis of Variance on
Pre and Post Scores for the Ethnic Groups on the
Work Attitude Scale (WAS)
(Scale V)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 72)	18.38	19.75	1.37	19.06
Negroes (N = 79)	19.54	21.51	1.97	20.53
Anglos (N = 23)	20.91	23.70	2.79	22.30
Trial Means	19.24	21.07		

Source	Mean Square	F	p
Between Groups	203.02	2.80	---
Within Trials	290.59	22.72	***
Groups by Trials	9.29	.73	---

*p<.05
**p<.01
***p<.001

WAS Scale V, which measures the absence of projections of blame onto authority figures. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 19.24 and the mean posttest score was 21.07. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 27 indicates that the ethnic groups comprised distinctly different populations ($p < .05$) in their overall performance on the Total WAS Score. The Anglo group had the highest overall group mean of 100.20, followed by the Negro group with a mean of 92.42 and the Mexican-American group with a mean of 88.67. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 87.92 and the mean posttest score was 97.88. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Beginning and final performance on the ABLE for the ethnic groups. Table 28 indicates that the ethnic groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Vocabulary Scale. The Anglo group had the highest overall group mean of 8.14, followed by the Negro group with a mean of 7.55 and the Mexican-American group with a mean of 5.51. When all groups were combined, there was no significant gain from pre- to posttesting.

TABLE 27

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Ethnic Groups on the Work Attitude Scale (WAS)

(Total WAS)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 72)	85.67	91.68	6.01	88.67
Negroes (N = 79)	88.09	96.78	8.69	92.42
Anglos (N = 23)	94.39	106.00	11.61	100.20
Trial Means	87.92	97.88		

Source	Mean Square	F	p
Between Groups	2,354.00	3.09	*
Within Trials	5,512.14	46.43	***
Groups by Trials	154.70	1.30	---

*p<.05
**p<.01
***p<.001

TABLE 28

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Ethnic Groups on the Adult Basic Learning Examination (ABLE) (Vocabulary)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 59)	5.41	5.62	.21	5.51
Negroes (N = 67)	7.54	7.55	.01	7.55
Anglos (N = 21)	8.06	8.23	.17	8.14
Trial Means	6.76	6.87		

Source	Mean Square	F	p
Between Groups	17,284.40	25.35	***
Within Trials	91.48	1.30	---
Groups by Trials	31.91	.45	---

*p<.05
**p<.01
***p<.001

---

[1] All means have been converted to grade scores by moving the decimal point one place to the left.

When the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 29 indicates that the ethnic groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Reading Scale. The Anglo group had the highest overall group mean of 8.24, followed by the Negro group with a mean of 7.83 and the Mexican-American group with a mean of 5.80. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .01$). The mean pretest score was 6.90 and the mean posttest score was 7.22. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 30 indicates that the ethnic groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Spelling Scale. The Anglo group had the highest overall group mean of 7.61, followed by the Negro group with a mean of 6.93 and the Mexican-American group with a mean of 5.09. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 5.94 and the mean posttest score was 6.60. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

TABLE 29

Subjects by Trial Analysis of Variance on

Pre and Post Scores for the Ethnic Groups on the

Adult Basic Learning Examination (ABLE)

(Reading)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 61)	5.60	6.00	.40	5.80
Negroes (N = 68)	7.68	7.97	.29	7.83
Anglos (N = 21)	8.13	8.35	.22	8.24
Trial Means	6.90	7.22		

Source	Mean Square	F	p
Between Groups	16,678.28	23.26	***
Within Trials	793.81	9.35	**
Groups by Trials	16.97	.20	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

TABLE 30

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Ethnic Groups on the Adult Basic Learning Examination (ABLE)

(Spelling)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 60)	4.82	5.37	.55	5.09
Negroes (N = 67)	6.58	7.27	.69	6.93
Anglos (N = 20)	7.19	8.03	.84	7.61
Trial Means	5.94	6.60		

Source	Mean Square	F	p
Between Groups	14,782.75	14.13	***
Within Trials	3,128.17	23.26	***
Groups by Trials	35.46	.26	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

Table 31 indicates that the ethnic groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Arithmetic Computation Scale. The Anglo group had the highest overall group mean of 7.17, followed by the Negro group with a mean of 6.55 and the Mexican-American group with a mean of 5.65. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 5.73 and the mean posttest score was 6.81. When the pre- and posttest performances were analyzed by groups separately, it was found that the groups changed at significantly different rates ($p < .01$). The Anglo group had a mean pretest score of 6.42 and a mean posttest score of 7.92 with a mean gain of 1.50. The Negro group had a mean pretest score of 5.88 and a mean posttest score of 7.22 with a mean gain of 1.34. The Mexican-American group had a mean pretest score of 5.32 and a mean posttest score of 5.97 with a mean gain of .65.

Table 32 indicates that the ethnic groups comprised distinctly different populations ($p < .001$) in their overall performance on the ABLE Problem Solving Scale. The Anglo group had the highest overall group mean of 7.56, followed by the Negro group with a mean of 6.59 and the Mexican-American group with a mean of 5.71. When all groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 6.01 and the mean posttest score was 6.74. When the pre- and posttest performances were analyzed

TABLE 31

Subjects by Trial Analysis of Variance on

Pre and Post Scores for the Ethnic Groups on the

Adult Basic Learning Examination (ABLE)

(Arithmetic Computation)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 61)	5.32	5.97	.65	5.65
Negroes (N = 68)	5.88	7.22	1.34	6.55
Anglos (N = 21)	6.42	7.92	1.50	7.17
Trial Means	5.73	6.81		

Source	Mean Square	F	p
Between Groups	4,578.77	11.70	***
Within Trials	8,726.41	91.11	***
Groups by Trials	485.18	5.07	**

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

TABLE 32

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Ethnic Groups on the Adult Basic Learning Examination (ABLE)

(Problem Solving)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Mexican-Americans (N = 58)	5.63	5.78	.15	5.71
Negroes (N = 66)	5.92	7.26	1.34	6.59
Anglos (N = 21)	7.37	7.76	.39	7.56
Trial Means	6.01	6.74		

Source	Mean Square	F	P
Between Groups	5,850.56	10.72	***
Within Trials	3,816.22	16.65	***
Groups by Trials	1,152.00	5.03	**

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

by groups separately, it was found that the groups changed at significantly different rates ($p < .01$). The Negro group had a mean pretest score of 5.92 and a mean posttest score of 7.26 with a mean gain of 1.34. The Anglo group had a mean pretest score of 7.37 and a mean posttest score of 7.76 with a mean gain of .39. The Mexican-American group had a mean pretest score of 5.63 and a mean posttest score of 5.78 with a mean gain of .15.

Beginning and final performance on the WAS for the successful and unsuccessful groups. Table 33 indicates that the successful and unsuccessful groups did not comprise distinctly different populations in their overall performance on the WAS Scale I, which measures the absence of excuses for not working. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 31.28 and the mean posttest score was 37.04. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 34 indicates that the groups did not comprise distinctly different populations in their overall performance on the WAS Scale II, which measures the extent to which work is seen as a virtue. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .05$). The mean pretest score was 6.63 and the mean posttest score was 7.24. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

TABLE 33

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccesful Clients on the Work Attitude Scale (WAS)

(Scale I)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 39)	31.90	38.36	6.46	35.13
Unsuccessful (N = 15)	29.67	33.60	3.93	31.63
Trial Means	31.28	37.04		

Source	Mean Square	F	P
Between Groups	264.64	2.27	---
Within Trials	895.56	33.67	***
Groups by Trials	34.62	1.30	---

*p<.05
**p<.01
***p<.001

TABLE 34

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Work Attitude Scale (WAS)

(Scale II)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 39)	6.67	7.51	.84	7.09
Unsuccessful (N = 15)	6.53	6.53	.00	6.53
Trial Means	6.63	7.24		

Source	Mean Square	F	P
Between Groups	6.71	.87	---
Within Trials	10.08	5.16	*
Groups by Trials	3.88	1.99	---

*p<.05
**p<.01
***p<.001

Table 35 indicates that the groups did not comprise distinctly different populations in their overall performance on the WAS Scale III, which measures the presence of healthy work attitudes. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .01$). The mean pretest score was 19.30 and the mean posttest score was 21.02. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 36 indicates that the groups did not comprise distinctly different populations in their overall performance on the WAS Scale IV, which measures the presence of healthy attidues toward co-workers. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 7.87 and the mean posttest score was 9.48. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 37 indicates that the groups comprised distinctly different populations ($p < .05$) in their overall performance on the WAS Scale V, which measures the absence of projections of blame onto authority figures. The successful group had the highest group mean of 20.67 and the unsuccessful group had a mean of 17.37. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .01$). The mean pretest score was 18.54 and the mean posttest score was 20.96. However, when the pre- and posttest

TABLE 35

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Work Attitude Scale (WAS)

(Scale III)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 39)	19.69	21.56	1.87	20.63
Unsuccessful (N = 15)	18.27	19.60	1.33	18.93
Trial Means	19.30	21.02		

Source	Mean Square	F	p
Between Groups	62.24	2.69	---
Within Trials	80.08	10.60	*
Groups by Trials	1.57	.21	---

*p<.05
**p<.01
***p<.001

TABLE 36

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Work Attitude Scale (WAS)

(Scale IV)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 39)	8.15	9.87	1.72	9.01
Unsuccessful (N = 15)	7.13	8.47	1.34	7.80
Trial Means	7.87	9.48		

Source	Mean Square	F	P
Between Groups	31.87	2.66	---
Within Trials	70.08	20.75	***
Groups by Trials	.80	.24	---

*p<.05
**p<.01
***p<.001

TABLE 37

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Work Attitude Scale (WAS) (Scale V)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 39)	19.51	21.82	2.31	20.67
Unsuccessful (N = 15)	16.00	18.73	2.73	17.37
Trial Means	18.54	20.96		

Source	Mean Square	F	p
Between Groups	235.95	3.98	*
Within Trials	158.90	8.96	**
Groups by Trials	.98	.06	---

*p<.05
**p<.01
***p<.001

performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 38 indicates that the groups did not comprise distinctly different populations in their overall performance on the Total WAS Score. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 83.61 and the mean posttest score was 95.74. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Beginning and final performance on the ABLE for the successful and unsuccessful groups. Table 39 indicates that the groups did not comprise distinctly different populations in their overall performance on the ABLE Vocabulary Scale. When both groups were combined, there was no significant gain from pre- to posttesting. When the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 40 indicates that the groups did not comprise distinctly different populations in their overall performance on the ABLE Reading Scale. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .05$). The mean pretest score was 6.60 and the mean posttest score was 7.03. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

TABLE 38

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Work Attitude Scale (WAS)

(Total WAS)

	Means			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 39)	85.92	99.13	13.21	92.53
Unsuccessful (N = 15)	77.60	86.93	9.33	82.27
Trial Means	83.61	95.74		

Source	Mean Square	F	p
Between Groups	2,280.34	3.20	---
Within Trials	3,972.45	24.31	***
Groups by Trials	81.20	.50	---

*p<.05
**p<.01
***p<.001

TABLE 39

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Adult Basic Learning Examination (ABLE)

(Vocabulary)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 28)	6.44	6.49	.05	6.46
Unsuccessful (N = 12)	7.81	7.43	-.38	7.62
Trial Means	6.85	6.78		

Source	Mean Square	F	p
Between Groups	2,247.17	2.53	---
Within Trials	10.51	.17	---
Groups by Trials	78.43	1.23	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

TABLE 40

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Adult Basic Learning Examination (ABLE) (Reading)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 28)	6.26	6.51	.25	6.39
Unsuccessful (N = 13)	7.35	8.13	.78	7.74
Trial Means	6.60	7.03		

Source	Mean Square	F	P
Between Groups	3,249.23	2.72	---
Within Trials	369.22	5.81	*
Groups by Trials	123.51	1.94	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

Table 41 indicates that the groups did not comprise distinctly different populations in their overall performance on the ABLE Spelling Scale. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .01$). The mean pretest score was 5.59 and the mean posttest score was 6.32. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 42 indicates that the groups comprised distinctly different populations ($p < .05$) in their overall performance on the ABLE Arithmetic Computation Scale. The unsuccessful group had the highest group mean of 7.18 and the successful group had a mean of 6.03. When both groups were combined, there was a significant gain from pre- to posttesting ($p < .001$). The mean pretest score was 5.92 and the mean posttest score was 6.87. However, when the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

Table 43 indicates that the groups comprised distinctly different populations ($p \leq .05$) in their overall performance on the ABLE Problem Solving Scale. The unsuccessful group had the highest group mean of 7.68 and the successful group had a mean of 6.41. When both groups were combined, there was no significant gain from pre- to posttesting. When the pre- and posttest performances were analyzed by groups separately, the groups did not change at significantly different rates.

TABLE 41

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Adult Basic Learning Examination (ABLE) (Spelling)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 28)	5.14	5.81	.67	5.48
Unsuccessful (N = 13)	6.54	7.42	.88	6.98
Trial Means	5.59	6.32		

Source	Mean Square	F	p
Between Groups	4,005.37	3.39	---
Within Trials	1,097.56	10.75	**
Groups by Trials	20.07	.20	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

TABLE 42

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Adult Basic Learning Examination (ABLE) (Arithmetic Computation)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 28)	5.54	6.52	.98	6.03
Unsuccessful (N = 13)	6.75	7.62	.87	7.18
Trial Means	5.92	6.87		

Source	Mean Square	F	p
Between Groups	2,364.54	5.80	*
Within Trials	1,835.90	14.21	***
Groups by Trials	5.66	.04	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

TABLE 43

Subjects by Trial Analysis of Variance on Pre and Post Scores for the Successful and Unsuccessful Clients on the Adult Basic Learning Examination (ABLE)

(Problem Solving)

	Means[1]			
	Pre	Post	Gain (or Loss)	Group Means
Successful (N = 26)	6.77	6.05	-.72	6.41
Unsuccessful (N = 11)	7.23	8.13	.90	7.68
Trial Means	6.91	6.67		

Source	Mean Square	F	p
Between Groups	2,476.73	4.36	*
Within Trials	102.28	.37	---
Groups by Trials	1,008.52	3.63	---

*p<.05
**p<.01
***p<.001

[1] All mean scores have been converted to grade scores by moving the decimal point one place to the left.

Marker Information on the Diagnostic Evaluation Format (DEF)

A fourth type of data analysis was done on the marker information of the Diagnostic Evaluation Format (DEF) by a series of chi-square analyses. Table 44 indicates that the relationship between success and failure was nonsignificant on the following variables: sex; ethnicity; religion; housing and neighborhood; primary language; marital status; police record; references; work history; previous vocational training; previous vocational rehabilitation; telephone service; years in school; number of dependents (excluding client); total amount of money received from welfare; monthly amount of money received from welfare; length of time on welfare (months); year of birth; and age at referral to project.

When nominal data are used, chi-square provides a means of expressing mathematically the extent to which the distribution of cases within the cells of a cross classification table depart from what one would expect from an examination of the marginal distribution of each variable. When the discrepancy between the observed and expected distributions is considerable, indicating a high degree of relationship, the fact is reflected in a high value of chi-square (the name given both to the technique and the statistic which it generates). The probability value associated with a chi-square test for statistical significance is the probability that the observed association would have occurred by chance when sampling from a population where no relationships did in fact exist.

TABLE 44

Chi-Square Analysis on the Diagnostic Evaluation Format[1]

Variable	Successful		Unsuccessful	
	Obs. F	Exp. F	Obs. F	Exp. F
Sex (N = 286)				
Male	65	62	46	49
Female	95	98	80	77
Ethnicity (N = 278)				
Anglos	24	22	15	17
Mexican-Americans	105	102	75	78
Negroes	28	33	31	26
Religion (N = 236)				
Catholic (Constant Participation)	24	21	13	16
Catholic (Occasional Participation)	68	64	45	49
Catholic (No Participation)	4	7	8	5
Protestant (Constant Participation)	4	6	7	5
Protestant (Occasional Participation)	28	28	21	21
Protestant (No Participation)	5	8	9	6
Housing and Neighborhood (N = 246)				
Good Good	29	32	26	23
Good Poor	6	7	7	6
Poor Good	19	15	8	12
Poor Poor	27	26	19	20
Public	60	60	45	45
Primary Language (N = 278)				
English Only	53	57	48	44
English - Spanish	5	5	4	4
Spanish - English	89	85	61	65
Spanish Only	10	10	8	8

---

[1] All chi-square values were statistically nonsignificant.

TABLE 44(Continued)

Variable	Successful		Unsuccessful	
	Obs. F	Exp. F	Obs. F	Exp. F
Marital Status (N = 261)				
Married	61	59	45	47
Separated	39	39	31	31
Divorced	30	30	23	23
Common Law	2	6	8	4
Widowed	8	6	3	5
Single	6	6	5	5
Police Record (N = 245)				
None	132	132	100	100
Misdemeanor	5	5	4	4
Felony	2	2	2	2
References (N = 270)				
Appropriate	79	81	65	63
Limited	53	48	33	38
Inappropriate	20	23	20	17
Work History (N = 266)				
Steady Present	49	41	25	33
Steady in Past	49	49	39	39
Spotty	43	45	38	36
None	8	13	15	10
Previous Vocational Training (N = 274)				
Extensive	2	2	2	2
Some	17	20	18	15
None	134	131	101	104
Previous Vocational Rehabilitation (N = 273)				
Prosthetics	3	3	3	3
Physical	3	2	0	1
Training	7	8	7	6
None	141	141	109	109
Telephone Service (N = 223)				
Yes	56	54	42	44
No	68	70	57	55

TABLE 44(Continued)

Variable	Successful		Unsuccessful	
	Obs. F	Exp. F	Obs. F	Exp. F
Years in School (N = 267)				
< 2	11	12	10	9
2 - 4	22	23	19	18
5 - 7	53	47	31	37
8 - 10	31	40	41	32
11 - 13	32	27	17	22
Number of Dependents (excluding client) (N = 273)				
1 - 3	55	59	49	45
4 - 6	68	67	50	51
7 - 9	25	23	15	17
10 - 12	7	6	4	5
Total Amount of Money Received from Welfare (N = 248)				
Above Median	69	71	56	54
Below Median	71	69	52	54
Monthly Amount of Money from Welfare (N = 259)				
Above Median	71	72	56	55
Below Median	76	75	56	57
Length of Time on Welfare (Months) (N = 248)				
Above Median	69	72	58	55
Below Median	71	68	50	53
Year of Birth (N = 272)				
Before 1920	29	28	20	21
1921 - 1930	55	57	46	44
1931 - 1940	50	46	32	36
1941 - 1950	20	23	20	17
Age at Referral to Project (N = 278)				
< 20	3	4	4	3
21 - 30	28	35	34	27
31 - 40	69	58	35	46
41 - 50	40	43	36	33
> 50	16	16	13	13

Multiple Discriminant Analysis and Multiple Linear Regression Anaylsis

Multiple discriminant analysis and multiple linear regression are the statistical methods whereby single classification analyses of variance are extended. The extension is accomplished by selecting a set of predictors and seeing how well group membership can be predicted by using an equation which makes use of all the selected predictors. After the predictors are selected, multiple discriminant analysis provides a statistical test whereby the significance of the separation of the groups can be tested.

In line with the foregoing procedures, many sets of predictors are possible, and many were tested. All sets reported here are significant statistically, but the primary concern is: How many subjects can be correctly grouped?

Multiple linear regression analysis (equation I). The largest equation which appears meaningful is made up of the following variables: personal hygiene; clothing; general ability; intellectual functioning; perception; dexterity; projective; attitudes toward training and education; management of time; degree of family illness; and Total Was Score. This set of predictors correctly predicts 74% of the cases. The breakdown is as follows:

	Actual Successful	Actual Unsuccessful
Predicted Successful	111	30
Predicted Unsuccessful	26	45

The equation for prediction is:

-.0418 X Personal Hygiene = A
-.0935 X Clothing = B
.2588 X General Ability = C
-.0511 X Intellectual Functioning = D
.0649 X Perception = E
.1199 X Dexterity = F
-.0026 X Projective = G
.1981 X Attitudes toward Training and Education = H
.1600 X Management of Time = I
.0256 X Degree of Family Illness = J
.0074 X Total WAS Score = K
+ Constant = -.9844

Total Score = X

If the total score, X, based on the foregoing equation, is greater than .58, then the case is a predicted success.

Multiple linear regression analysis (equation II).

.0095 X Personal Hygiene = A
-.0588 X Clothing = B
.3175 X General Ability = C
-.0370 X Intellectual Functioning = D
.0847 X Perception = E
.1439 X Dexterity = F
-.0059 X Projective = G
.0266 X Total WAS Score = H
+ Constant = -.7449

Total Score = X

If the total score, X, is greater than .635, the case is a predicted success. This set of predictors correctly predicts 71% of the cases. The breakdown is as follows:

	Actual Successful	Actual Unsuccessful
Predicted Successful	97	22
Predicted Unsuccessful	40	53

Multiple linear regression analysis (equation III).

.2704 X Attitudes toward Training and Education = A
.1569 X Management of Time = B
.0962 X Degree of Family Illness = C
+ Constant = -.4560

Total Score = X

If the total score, X, is greater than .4350, the case is a predicted success. This set of predictors correctly predicts 69% of the cases. The breakdown is as follows:

	Actual Successful	Actual Unsuccessful
Predicted Successful	128	56
Predicted Unsuccessful	9	19

Multiple linear regression analysis (equation IV).

.0904 X Attitudes toward Children's Education = A
.1415 X Management of Time = B
.1385 X Degree of Family Illness = C
.1610 X Total WAS Score = D
+ Constant = -.3660

Total Score = X

If the total score, X, is greater than .49, the case is a predicted success. This set of predictors correctly predicts 69% of the cases. The breakdown is as follows:

	Actual Successful	Actual Unsuccessful
Predicted Successful	125	53
Predicted Unsuccessful	12	22

CHAPTER V

Discussion and Conclusions

Since the number of statistical analyses presented in this report was rather formidable, this chapter will turn to a discussion of the questions raised in Chapter IV.

How Well Can Success be Predicted?

The general concern will be with the performance of the successful and unsuccessful groups on the Work Attitude Scale, Adult Basic Learning Examination, and the Diagnostic Evaluation Format. The specific focus will be upon the variables on which these groups significantly differed at or beyond the .05 probability level.

Performance of the Successful and Unsuccessful Groups on the WAS

At the beginning of the project, the groups that were later to be designated as successful and unsuccessful significantly differed on the following WAS Scales: Scale I--Absence of Excuses for not Working; Scale III--Presence of Healthy Work Attitudes; Scale V--Absence of Projections of Blame onto Authority Figures; and Total Scale Score. On all of the above scales, the group means were highest for the successful group and lowest for the unsuccessful group. Apparently, neither the extent to which work is seen as a virtue nor the presence of healthy attitudes toward co-workers distinguished the successfully from the unsuccessfully rehabilitated clients.

When both pre- and posttest performances were analyzed for the successful and unsuccessful groups, it was found that the groups comprised distinctly different populations on only Scale V of the WAS (absence of projections of blame onto authority figures). The successful group had the highest mean, which indicated that their attitudes toward authority figures were distinctly different from the unsuccessful group, in that they were less inclined to blame authority figures for their own shortcomings.

When both groups were combined, there was a significant gain from pre- to posttesting on all variables and on the total scale score. However, when the pre- and posttest performances were analyzed by groups, the groups did not change at significantly different rates on any of the variables. In other words, the project apparently aided in the development of work attitudes which generally were positive, but the clients who were able to get a job were not more sensitive (in terms of work attitude change) to the experiences which they had in the project than were the unsuccessful clients.

Performance of the Successful and Unsuccessful Groups on the ABLE

At the beginning of the project, the successful and unsuccessful groups significantly differed on only two of the ABLE variables. The first variable was the spelling measure and the second variable was an arithmetic computation measure. However, the means were not in the direction that one would normally expect, in that the successful group had the lowest mean score for both variables. In other words, the group that was later to be designated as successfully rehabilitated started with a disadvantage with respect to both spelling and arithmetic computation. There were no significant differences in vocabulary, reading ability, and problem solving ability.

When both pre- and posttest performances were analyzed for the successful and unsuccessful groups, it was found that the groups comprised distinctly different populations on only the arithmetic computation variable and the problem solving variable. The unsuccessful group had the highest mean score on both of these variables. This result is somewhat difficult to interpret. At best, one can only say that the unsuccessful group's comparatively superior scores on the arithmetic computation and problem solving parts of the ABLE apparently did not help them in job placement.

When both groups were combined, there was a significant gain from pre- to posttesting on the reading scale, spelling scale, and the arithmetic computation scale. However, when the pre- and posttest performances were analyzed by groups, the groups did not change at significantly different rates on any of the variables. Apparently the project improved the reading, spelling and arithmetic computation skills for the client groups as a whole, but the rate of learning could not be used to discriminate between successful and unsuccessful groups.

Ratings of the Successful and Unsuccessful Groups on the DEF

The successful and unsuccessful groups significantly differed on the ratings of the following variables on the Diagnostic Evaluation Format: personal hygiene;.clothing; numerical ability; general ability; dexterity; attitudes toward government; attitudes toward training and education; attitudes toward their children's education; management of money and/or equivalent; management of time; and the degree of family illness. The successful group had a higher mean score on each of these variables than did the unsuccessful group. The groups did not significantly differ on the following ratings: aesthetic; oral hygiene; muscle (including hernia); bone; respiratory; cardiovascular; G.I. and G.U. Systems; endocrine and weight; neuro-sensory; sight; hearing; verbal ability; intellectual functioning; perception; projective; attitudes toward family; family affection; resources for recreation; hygiene of family; and home sanitation.

Since the meanings, both of the variables and of their respective ratings has been discussed in the results section, they will not be reiterated here. However, it should be noted that, for all the ratings on which the groups differed significantly, the successful clients scored higher. On all such ratings a higher score indicated that the successful clients were in some way superior to the unsuccessful clients who received lower scores. For example, in such a rating as clothing or aesthetic the average successful client made a better personal impression than did the average unsuccessful client. In a rating such as attitudes toward their children's education the successful group manifested a greater concern for their children's learning experiences.

Several combinations of DEF variables (including the WAS Total Score) were found to accurately predict the outcome of a project client's success. The equation with the greatest number of predictors correctly predicted 74% of the cases and included the following variables: personal hygiene; clothing; general ability; intellectual functioning; perception; dexterity; projective; attitudes toward training and education; management of time; degree of family illness; and Total WAS Score. The equation with the least number of predictors correctly predicted 69% of the cases and included the following variables: attitudes toward training and education; management of time; and degree of family illness.

Ratings of the Successful and Unsuccessful Groups on the DEF Marker Information

The successful and unsuccessful groups did not significantly differ on any of the Marker Information (see Results Section). In one sense, this series of nonsignificant findings is encouraging in that the project has shown that such variables as sex, ethnicity, the language that one speaks, type of housing and neighborhood, and other such general background marker variables do not automatically predetermine the successful or unsuccessful outcome of a client's vocational rehabilitation program.

What Changes in Attitudes and Skills Are Effected in Clients by the Program?

The predominant conclusion here is that the program in all three centers effects constructive changes in clients as measured by the Work Attitude Scale and Adult Basic Learning Examination (Tables 11 through 43). However, the rate of change is not different as between successful and unsuccessful clients (Tables 33 through 43). The rate of change is significantly different as between centers on three scales of the Adult Basic Learning Examination: spelling, arithmetic computation and problem solving (Tables 19 through 21). The rate of change is also significantly different as between ethnic groups on two of the foregoing scales: arithmetic computation and problem solving (Tables 31 and 32). When it is noted that the Mexican-American population comes largely from the San Antonio Center (Table 4A) and that it is Mexican-Americans who change least on these scales, (Tables 31 and 32) it is suggested that the differences noted between centers is in reality a difference between ethnic groups. However, the reverse might be the proper interpretation. It should also be noted in making an interpretation that there is a tendency at San Antonio to rate clients higher (Table 8).

Do Clients Change to Similar Degrees, and if not, then to What Extent is Success or Failure Associated with Change?

It has been noted previously that success or failure does not seem to be associated with change. However, Table 38 indicates successful clients gain 13.21 points on the Total WAS score and unsuccessful clients gain 9.33 points. Tables 39 through 43 indicate there is no significant pattern of change between these two groups on the scales of *Adult Basic Learning Examination*.

Are There Significant Differences between Ethnic Groups in Terms of the Variables Measured, and if so, Are These Differences Related to Successful Rehabilitation?

There are significant differences between ethnic groups on every variable included in the WAS and ABLE at pretesting. There are also significant differences between ethnic groups on the following variables of the DEF: numerical; verbal; general ability; intellectual functioning; projective; attitude toward family; family affection; management of money and/or equivalent; and management of time. On every variable of the WAS and ABLE, the order of the ethnic groups, from high to low, is: Anglo, Negro, Mexican-American. All of the variables on WAS and ABLE are objective measures. On some of the objective measures included on the DEF the ordering of the groups is slightly different: intellectual functioning and projective. On *intellectual functioning* the groups are ordered: Anglo, Mexican-American, Negro. On *projective* the groups are ordered: Negro, Mexican-American, Anglo. On the rating measures of *family affection*, *management of money and/or equivalent*, and *management of time* the order of the groups is: Mexican-American, Anglo, Negro. On *attitude toward the family* the order of the groups is: Negro, Mexican-American, Anglo. Some of the ordering on ratings should be interpreted with the caveat that there seems to be a tendency for San Antonio to give higher ratings than the other two centers.

When we proceed to the question of whether ethnic groups change at different rates on the variables of WAS and ABLE, the answer generally is that they do not. There is one exception to this on the WAS which is Scale IV, Presence of Healthy Attitudes toward Co-workers, which indicates that Anglos and Negroes change more than do Mexican-Americans (Table 25). There are two exceptions to the general rule on ABLE. On arithmetic computation the Anglos and Negroes change more than do Mexican-Americans. On problem solving the Negroes change more than do Anglos and Mexican-Americans (Tables 31 and 32).

The evidence is that ethnicity does not have any significant relationship to success or failure of rehabilitation (Table 44). However, many of the variables which discriminate between ethnic groups also distinguish between successful and unsuccessful groups.

Are There Significant Differences Between Different City Client Samples?

The general answer here is that the clients of different city centers do not differ on the scales of the WAS, but they do differ on the scales of ABLE. There is only one exception to the foregoing and that is WAS Scale III, Presence of Healthy Work

Attitudes. The ordering of the groups, from high to low, on all scales of ABLE, is Amarillo, Dallas, and San Antonio (Table 5).

While there are many significant differences between centers on the variables of the DEF (Table 8), this is interpreted to mean that there was a tendency for raters to rate higher at San Antonio than elsewhere. This conclusion is made since on the objective measures the tendency is for San Antonio clients to score lower.

General Conclusions

Based on the evidence developed it seems that the program developed here is an effective one for rehabilitating an urban, welfare, disabled clientele. This is based on the fact that the successful closure rate, is currently at about 50%, and has been at that rate for about 2 years, after a beginning rate of about 38%. The basic premises of the program are that success is a function: (1) of two agencies not working at cross purposes, either in reality or in the minds of their clients, but with a common goal--support for the individual and his family while he focuses on moving from a dependency status with reference to society to an independent one (counselor-caseworker teams), and (2) of removing the individual from an environment in which it is acceptable to have excuses for not being productive to one in which he is rewarded for having positive attitudes toward himself as a productive and responsible member of society (prevocational evaluation-adjustment classes). The evidence supports the proposition that these things happen to clients in the program--increased performance in these directions on the scales of the WAS and ABLE. There would seem to be no reason why this formula for change in this population is not generalizable to disadvantaged populations generally.

Prediction of success or failure was attempted in the statistical analysis for the purpose of isolating and drawing attention to those areas in which the counselor-caseworker teams can intervene. This intervention is to be for purposes of improvement and not for the purpose of denying services to anyone. The philosophy of the project being to accept all referrals when vacancies occur.

This focusing on areas of deficiency can serve as a springboard for "prescription" counseling and casework. Such a planned program of intervention is being implemented in the centers.

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DIAGNOSTIC EVALUATION FORMAT

NAME ______________________________ DATE ______________________________

I. Marker Information (Coding Found in Criteria Section)

A. Noncontinuous Data

1. Sex ______________________________
2. Race or Ethnic Group ______________________________
3. Religion and Participation ______________________________
4. Housing ______________________________
5. Primary Language ______________________________
6. Marital Status ______________________________
7. Police Record ______________________________
8. References ______________________________
9. Work History ______________________________
10. Previous Vocational Training ______________________________
11. Previous VR Experience ______________________________
12. Telephone ______________________________

B. Continuous Data

13. Years in School ______________________________
14. No. of Dependents ______________________________
15. Amount of Total Welfare ______________________________
16. Amount of Monthly Welfare ______________________________
17. Length of Time on Welfare ______________________________
18. Year of Birth ______________________________
19. Age ______________________________

DIAGNOSTIC RATINGS

	9	8	7	6	5	4	3	2	1
II. Appearance Status									
20. Personal Hygiene									
21. Clothing									
22. Aesthetic									
III. Physical Status									
Peripheral									
23. Oral Hygiene									
24. Muscle (including Hernia)									
25. Bone									
26. Respiratory									
27. Cardiovascular									
28 G. I. & G. U. Systems									
29. Endocrine & Weight									
Neuro-sensory									
30. Neuro									
31. Sight									
32. Hearing									
IV. Mental, Aptitude Status									
Academic									
33. Numerical									
34. Verbal									
35. General									
36. Intellectual Functioning									
37. Perception									
38. Dexterity									
V. Emotional Status									
39. Projective									
Attitudes Toward:									
40. Family									
41. Government									
42. Training									
43. Child Education									
VI. Family Status									
44. Affection									
Management									
45. Money & Equivalent									
46. Time									
47. Resources for Recreation									
Health									
48. Hygiene of Family									
49. Home Sanitation									
50. Degree of Family Illness									
	9	8	7	6	5	4	3	2	1

CRITERIA

I. Marker Information

A. Noncontinuous

1. Sex
   - a. F -- Females
   - b. M -- Males

2. Race or Ethnic Group (to be completed by counselor)
   - a. WA -- White-Anglo extraction
   - b. WL -- White-Mexican extraction (Latin American)
   - c. AL -- Mixture of Anglo, Mexican extraction
   - d. N -- Negro
   - e. M -- Mongolian
   - f. O -- Other

3. Religion and Participation (to be completed by caseworker)
   - a. CP -- Catholic, Constant Participator
   - b. CO -- Catholic, Occasional Participator
   - c. CN -- Catholic, No Participator
   - d. PP -- Protestant (i.e., above)
   - e. PO -- Protestant (i.e., above)
   - f. PN -- Protestant (i.e., above)
   - g. JP -- Jewish (i.e., above)
   - h. JO -- Jewish (i.e., above)
   - i. JN -- Jewish (i.e., above)
   - j. O -- Other

4. Housing (to be completed by caseworker)
   - a. GN -- Good housing, good neighborhood
   - b. GP -- Good housing, poor neighborhood
   - c. PG -- Poor housing, good neighborhood
   - d. PP -- Poor housing, poor neighborhood
   - e. FH -- Public Housing

5. Primary Language (to be completed by bilingual person if possible)
   - a. E -- English only
   - b. ES -- English primary, Spanish secondary
   - c. SE -- Spanish primary, English secondary
   - d. S -- Spanish only
   - e. O -- Other

6. Marital Status (to be completed by caseworker)
   - a. M -- Married
   - b. S -- Separated
   - c. D -- Divorced
   - d. CM -- Common law marriage
   - e. W -- Widow or Widower
   - f. U -- Unmarried or single

7. Police Record (to be completed by caseworker)
    a. N -- No record
    b. M -- Misdemeanor
    c. F -- Felony record

8. References (to be completed by counselor)
    a. A -- Appropriate response (including combination of former employers, character and/or credit references)
    b. L -- Limited response (desire to give only one or two names, usually neighbors)
    c. U -- Inappropriate response (usually wants to give relatives or cannot respond)

9. Work History (to be completed by counselor)
    a. SI -- Steady work history up to immediate past
    b. SD -- Steady work history in distant past
    c. WS -- Spotty work record
    d. NW -- No work record

10. Previous Vocational Training (to be completed by counselor)
    a. EV -- Had extensive vocational training
    b. SV -- Had some vocational training
    c. NV -- Had no vocational training

11. Previous Vocational Rehabilitation Experience (to be completed by counselor)
    a. PTP -- Prosthetic (and/or other physical restoration), training services
    b. P -- Physical restoration only
    c. T -- Training and placement only
    d. NVR -- No previous VR experience

12. Telephone Service (to be completed by caseworker)
    a. Yes
    b. No

B. Continuous

13. Years in school, education as reported by client (to be completed by counselor)

14. Number of dependents, not including client (to be completed by caseworker)

15. Amount of money received (total) from all welfare agencies (to be completed by caseworker)

16. Amount of money received monthly from DPW (but to include other welfare agencies) (to be completed by caseworker)

17. Length of time on welfare rolls (to be completed by caseworker)

18. The year of birth, last two digits only (to be completed by counselor)

19. Age at time of referral to project (to be completed by counselor)

II. Appearance Status

This section will include only ratings for the client, and not for the whole family. Since the purpose of the project is to upgrade the clientele's circumstances, it seems important for the sake of objectivity to complete this rating at the completion of the first counseling interview. These ratings will be done by the counselor and not the caseworker (reason for this decision includes the hope that meaningful comparison of the professional staffs' rating--the caseworker will do the family status ratings--can be accomplished, and the client coming to the office can be likened more to his entering an employer's office than can the caseworker's contact with the client at home.)

20. Personal Hygiene

The meaning of this term is analogous to cleanliness and/or sanitary habits, the object being to take preventative measure for healthful living.

Definitions of Levels in Scale

9 Evidences the following: clean body and extremities, dental care, clean clothing, good posture, weight control, prudent use of patent medicines (disinfectants, aftershave lotions, skin creams, mouth washes, etc.), and has made adequate use of medical resources.

8 Includes most of the above but omits focusing attention on one or two items--leaves impression client puts forth effort to maintain self at highest level possible.

7 Client leaves impression his daily living habits include some hygienic activities and is motivated or concerned to some extent to live by reasonable health standards.

6 Complies with living (health) standards mostly by habit, evidences a little concern for hygienic self-care.

5 Habitual type self-care which appears to indicate little understanding of taking preventative measures. Impression is that hygienic habits exist more because of social pressure than for sanitary purposes.

4 Some social awareness of self-care with habits to correlate, but evidences lack of concern for self-care activities.

3 Recognizes something wrong with health, but evidences sloppiness in self-care activities. Evidences a little awareness of social factors related to hygienic habits.

2 Includes most of items in Level I but has made some efforts to cover characteristics--detrimental.

1 Evidences the following: dirty body and extremities, poor dental care, dirty clothing, poor posture, no weight control, omission or misuse of patent medicines, ignoring medical resources--detrimental.

21. Clothing

9 Appropriate dress, good condition of clothing, proper coordination of clothing items.

8 Good condition of clothing, fair degree in appropriateness of dress, evidence of effort to coordinate clothing items.

7 Fair condition of clothing, evidences of some effort to coordinate clothing items, little evidence to indicate concern for appropriateness of dress, but not necessarily inappropriate.

6 Fair condition of clothing, most clothing items reasonably coordinated, good state of maintenance.

5 Fair condition of clothing for state of maintenance (ironed, buttons on, shirt tucked in, etc.).

4 Poor condition of clothes, optimum state of repair.

3 Poor condition of clothes, fair state of repair.

2 Poor condition of clothes, no evidence of repair, does not have all essential items.

1 Ragged clothing, many essential items missing, clothing cannot be repaired.

DEFINITIONS

Appropriate dress: acceptable and standard to the working environment (this includes the idea of putting "your best foot forward"). The first interview might be likened to the client making a job application.

22. Aesthetic

Assumed to be analogous to attractive - unattractive.* For this item, the frame of reference includes only that of thinking thought to be most common for employers when hiring personnel.

9 Above average attractiveness.

8 General attractiveness.

7 Pleasing appearance suppresses displeasing qualities.

6 Pleasing appearance but some displeasing qualities secondarily noticed.

5 Neither considered attractive or unattractive.

4 Displeasing characteristics noticed but some pleasing characteristics secondarily noticed.

3 Displeasing appearance suppresses pleasing characteristics.

2 General unattractiveness.

1 Extreme unattractiveness.

*Attractive - Unattractive

Regular or irregular features (bone and teeth structures), good or poor skin texture (including facial blemishes), hair styling is good or bad (bad might mean "pachuco" orientation), degree disabilities are noticeable, degree of appropriate-inappropriate mannerisms (includes sex conditioned mannerisms), degree of appropriate-inappropriate usage of cosmetics (includes hair oil for men).

III. Physical Status Scale

The medical consultant will do these ratings at his regularly scheduled visits to the office. The information with which he will have to work will be general physical examination evaluations from primarily one examining physician. If after the medical consultant has reviewed the information and he feels special examinations are in order before he can complete the ratings on a given case, then these special examinations will be scheduled and authorized by Vocational Rehabilitation.

On those cases where physical restoration services are in order, the medical consultant will review the case at the completion of the services to determine the change in physical status. In addition, any team worker may request that he review a case if unanticipated problems should arise.

In order to have a reliability check of these ratings, it has been decided that the consultant will keep a list of diagnoses and the corresponding ratings so that after a period of time has lapsed, the scores can be compared with the diagnoses. This field sheet of diagnoses and their corresponding ratings will not be used to decide future ratings, thereby, prevention of systematic bias has been included in the procedures.

Definitions of Scale Level Items

9 No limitation on activities.

8 No limitation with medical supervision.

7 Minimum limitation without medical supervision.

6 Minimum limitation with medical supervision.

5 Moderate limitation with or without medical supervision.

4 Moderate limitation with medical supervision and possible prospect for improvement.

3 Limited activity as defined by medical authority through supervision.

2 Minor activity as prescribed through medical supervision.

1 Very little or no activity as prescribed through medical supervision, needs constant medical attention.

DEFINITIONS

1. Minimum limitation: Can do almost anything but knows there is something wrong because he does not feel up to "par" after day's activities.

2. Moderate limitation: Limits own activities because he knows he will be incapacitated for an indefinite period of time if he attempts to function in activities beyond his capacity.

3. Limited activity: Limited activity as prescribed by medical authority.

4. Minor activities: Very little activity and the permissible activities are prescribed by medical authority.

Areas to be Evaluated by Medical Consultant

Peripheral

23. Oral Hygiene

24. Muscle including hernias

25. Bone

26. Respiratory

27. Cardiovascular

28. G.I. and G.U. Systems

29. Endocrine and weight

Neuro-sensory

30. Neuro

31. Sight

32. Hearing

IV. Mental Aptitude Status

Academic

These three ratings were done by the Director of the Prevocational Diagnostic Evaluation Sessions. This individual rates the clients according to this criteria after he has an opportunity to work with them for two to three months, working everyday, six hours a day. We were not able to obtain these ratings on all of the referrals to the project primarily because in order to obtain these ratings, there is the necessity of the client agreeing to attend daily sessions.

33. Numerical Nine-Point Scale for Prevocational Diagnostic Evaluation

9 Able to work with numbers (addition, subtraction, multiplication, division, fractions, decimals, and percentages) in written or problem solving form at the 6th to 7th grade level.

8 Able to work with numbers (addition, subtraction, multiplication, division, fractions, decimals, and percentages) in written or problem solving form from the 5th to 6th grade level.

7 Able to work with numbers (addition, subtraction, multiplication, division, and fractions) in written or problem solving form from the 4th to 5th grade level.

6 Able to work with numbers (addition, subtraction, multiplication, and division) in written or problem solving fashion from the 3rd to 4th grade level.

5 Able to work with numbers (addition, subtraction, multiplication, and division) in a written fashion from the 2nd to 3rd grade level.

4 Able to work with numbers (addition, subtraction, and multiplication) in a written fashion at the 2nd to 3rd grade level.

3 Able to work with numbers (addition, subtraction, and multiplication) in a written fashion at the 2nd grade level.

2 Number values, in written fashion, understood at a low level only in simple addition and subtraction (1st grade level).

1 Lack of understanding number values for simple addition and subtraction either in written or verbal form (beginner's level).

34. Verbal Nine-Point Scale for Prevocational Diagnostic Evaluation

9 Able to speak and understand English at the adult level for most job opportunities in semi-skilled work. Able to read and write from the 6th to 7th grade level. Verbal and written freedom of expression and communication good.

8 Able to speak and understand English at the adult level for most job opportunities in semi-skilled work. Able to read and write from the 5th to 6th grade level. Verbal and written freedom of expression and communication fair.

7 Able to speak and understand English at the adult level for most job opportunities in low semi-skilled work. Able to read and write from the 4th to 5th grade level. Verbal and written freedom of expression and communication weak.

6 Able to speak and understand English at a level commensurate with that required to perform some of the higher unskilled labor jobs. Able to read and write from the 3rd to 4th grade level. Verbal freedom of expression and communication weak. Written freedom of expression and communication very difficult.

5 Able to speak and understand English at a level commensurate with that required to perform middle unskilled labor jobs. Able to read and write from the 2nd to 3rd grade level. Verbal freedom of expression and communication almost negligible.

4 Able to speak and understand English at a level commensurate with that required to perform middle unskilled labor jobs. Able to read and write at the 2nd grade level. Verbal freedom of expression and communication very poor. Written freedom of expression and communication negligible.

3 Able to understand, but not speak English at a level commensurate with that required to perform low unskilled jobs. Ability to read and write at 1st grade level. Verbal freedom of expression and communication almost negligible. Written freedom of expression and communication unable.

2 Weak ability in understanding English and no ability to speak English commensurate with that required to perform low unskilled jobs or common labor jobs. Reading (extremely weak 1st grade level) writing (not able to form words, but some knowledge of English alphabet and sounds for letters). Verbal and written freedom of expression and communication negligible.

1 Very little understanding of English. Not able to speak English commensurate with common labor jobs. Reading (negligible) writing (no knowledge of the English alphabet or sounds). No ability for freedom of expression or communication in English either verbal or written.

35. General Nine-Point Scale for Prevocational Diagnostic Evaluation

9 Knowledge of environment at above average adult cultural level. Up to date on daily current events and news. Shows exceptional ability to care for family both financially (if able to earn living) and as a parent.

8 Knowledge of environment at average adult cultural level. Up to date on daily current events and news. Shows adequate ability to care for family both financially (if able to earn living) and as a parent.

7 Knowledge of environment at below average adult cultural level. Now well informed on most issues covering daily events and news. Shows that he would encounter little difficulty in caring for family both financially (if able to earn a living) and as a parent.

6 Knowledge of environment at below average adult cultural level. Weakly informed on most issues covering daily events and news. Shows that he would encounter moderate difficulty in caring for family both financially (if able to earn a living) and as a parent.

5 Knowledge of environment of cultural surroundings considerably below average. Informed only family and close environmental information. Shows he would encounter great difficulty (but be able to accomplish) in caring for his family (if able to earn a living) both financially and as a parent.

4 Shows interest, but is poorly informed in daily environmental and cultural information. Lack stems from cultural continuous lack of interest. Shows that he would encounter great difficulty in handling family budget. Also shows a difficult but able potential of taking parent's role.

3 Shows little interest in being informed of daily environmental and cultural information. As a result this person is poorly informed and shows little initiative to do better. Shows no ability to handle budget (although he would like to) and also shows considerable difficulty in handling parent role. Again this person shows the interest but needs help.

2 No interest in being informed of current events and daily environmental events at any level. Does not accept the responsibility of running a family budget (as result not able) or taking the role of a responsible parent.

1 Only functioning ability of this person is in activities that are pleasing for his own self interest (kidding, women, drinking, etc.). Shows no interest in either caring for or providing for his family through any means. Again this person shows only interest in himself. Family and marriage attract this person only as prestige and grown up, although this responsibility is not accepted.

The following four rating scales were developed by our clinical evaluation consultant. These scores were obtained after the individual had been subjected to testing, this testing being done in groups. It might be noted that the intelligence test was chosen because of our special type of population, a bilingual population who, we theorize, would not be fairly evaluated had we chosen a verbal test.

36. Intelligence (Revised Beta)

> The Beta IQ was placed on a 9-point rating scale, Number 1 being the lowest IQ, while Number 9 being the highest IQ. The minimum IQ possible on the test was 28, the maximum IQ was 135. Therefore in order to distribute these IQ's along a 9-point scale, IQ increments of eleven were employed, the results were as follows:

Scale	Raw Scores
9	124-135
8	112-123
7	100-111
6	88-99
5	76-87
4	64-75
3	52-63
2	40-51
1	28-39

37. Perception (Graham Kendall)

The raw scores were obtained employing the manual's directions. These scores were now placed on a 9-point rating scale, Number 1 being the most pathological, while Number 9 being the least. The maximum raw score possible on the test was 44, while the least was 0. Therefore, every four increments on the raw score was a different point on the 9-point scale which was as follows:

Scale	Raw Scores
9	0-4
8	5-9
7	10-14
6	15-19
5	20-24
4	25-29
3	30-24
2	35-39
1	40-44

38. Dexterity (Purdue Pegboard)

The raw score was obtained by the directions of the Test. The total score of the client was obtained by summing the right hand, left hand, and both hands. The score was plotted by the percentiles and rating on the 9-point scale. Number 1 rating was the person with least dexterity, while Number 9 was the highest dexterity. The norms were the Industrial Applicants, therefore, the scaling was as follows:

Scale	Raw Scores
9	50
8	48-49
7	46-47
6	45
5	43-44
4	41-42
3	39-40
2	37-38
1	34-36

V. Emotionality Ratings

39. Projective (Rorschach)

The Rorschach was rated on a 9-point scale. The total raw score was calculated using the scoring method of M. R. Hanover and M. E. Steiner. On the 9-point scale, a continuum of most pathology (rating of 1), to least pathology (rating of 9) was employed. The minimum raw score (least pathology) was 30, the maximum raw score (most pathology) was 300. These scores were distributed equally along the 9-point scale, except for the extremes (1 and 9). Because the likelihood of anyone scoring in the extremes (1 and 9) was not great, the extreme score was doubled, that is between 30 and 300 would be 270, and if that was divided by 8, we would arrive at 34, meaning that 34 numbers would be a different point, however, this score was doubled for the extremes, therefore if anyone's raw score was between 234 and 300 they received a rating of 1. After the first rating was obtained, the raw scores were distributed along a 23-point scale in order to complete the 9-point scale.

Scale	Raw Scores
9	30-63
8	64-89
7	90-113
6	114-137
5	138-161
4	162-185
3	186-209
2	210-233
1	234-300

Attitudes Ratings Toward:

40. Family

This scale provides ratings of the attitudes of the client toward his family. The attitudes rated are the degree of the client's feelings of affection or hostility. (The counselor will most likely be in a better position to rate these attitudes than will the caseworker.)

9 Evidences strong affectionate attitudes toward all family members, attitudes overtly positive.

8 Verbally indicates strong affectionate attitudes toward all family members, but only a small amount of this is evidenced through client's behavior.

7 Rater feels that client has positive feelings toward family but that some evidence exists which indicates there is an interfering factor which prevents there being more affection.

6 There is evidence to indicate there are some interfering factors which depress what is thought to be affectionate feelings toward the family.

5 Neither evidences hostility or affection toward family members.

4 There is evidence to indicate there are some interfering factors which accentuate repressed feelings of hostility.

3 Rater feels that client has negative feelings toward family but that some evidence exists which indicates there is effort on the part of the client to repress hostility.

2 Client verbally indicates negative feelings for family--client acts out these hostile feelings to a small extent.

1 Evidences strong hostile attitudes toward all family members, attitudes overt, behavior so indicates.

41. Government

This scale attempts to rate client's attitudes toward government. In evolving this 9-point scale, the degree of positive attitudes toward government were likened to the degree of "good citizenship." The negative attitudes were likened to the degree of dependency on governmental agencies.

9 Daily pursues activities which will remove dependency. Very much aware of other governmental functions and evidences concern for state of country. Active participant in citizenship activities.

8 Evidences guilt feelings for being dependent. Evidences awareness of other governmental functions and does participate to some extent as a citizen (votes, attends meetings, etc.)

7 Evidences feelings of frustration toward being dependent. Evidences desire to participate more as a citizen in governmental functions.

6 Recognizes assistance programs as temporary help measures. Evidences awareness of other governmental functions.

5 Neither seems overtly dependent on government agencies (welfare, etc.) nor seems to evidence active participation in those functions of "good citizenship."

4 A little personal initiative evidenced in his attempts to better his circumstances. Some evidence to indicate his feelings of dependence on governmental agencies.

3 Completely dependent on assistance from governmental agencies. Leaves impression that personal efforts toward self-improvement will be effected only upon becoming aware that assistance will be discontinued.

2 Feels it is his "right" to receive assistance from governmental agencies. Evidence negative, "manipulative" attitude toward government (welfareitis).

1 Does not realistically perceive assistance programs. Blames government in general for his present socioeconomic condition. Feels that it is up to welfare agencies to provide him with a living.

42. Education (training)

Definition: attitudes toward self-improvement through training. This scale attempts to rate the extent to which the client feels he can benefit personally and economically from training. It has been assumed that the scale points should vary from a strong positive level to a strong negative level. (The counselor will mostly be in a better position to rate these attitudes than will the caseworker.)

9 Evidences strong desire to participate in a training program.

8 Evidences some desire to participate in a training program.

7 Verbally indicates much desire to participate in a training program, but this is the only evidence of desire.

6 Verbally indicates some desire to participate in a training program, but this is the only evidence of the desire.

5 Verbally indicates a little desire to participate in a training program, but does nothing to make himself avialable for pursuing the matter.

4 Behavior such that training is not perceived as something of value; the individual's stated goals in life do not include training as a mode of reaching them.

3 Client verbally indicated negative feelings toward participating in a training program, but does state he would like to learn a job while doing it.

2 Evidences some hostility toward training, and seems to have little desire or hope in improving his circumstance through self-adjustment (learning).

1 Evidences strong hostility toward training and seems to have adjusted to the facts of life as he lives them.

DEFINITIONS

Evidence: This term includes not only what the client says but how he behaves as well. For example: A client who states he wants to take training and then shows interest by preparing at home for the training evidences a desire.

43. Children's Education

This scale attempts to rate parents' (client and spouse) attitudes toward children's education. In evolving this scale the degree of attitudes were likened to degree of appreciation for education in general and degree of parent participation in programs which are thought to foster children's education. (The caseworker will most likely be in a better position to rate these attitudes than will the counselor.)

9 Expresses and manifests much interest in the children's school work; is concerned about children's grades and general progress in school. Helps children with school work at every opportunity by: 1) motivating them toward higher grade achievement, 2) providing a regular study scheduled at home or library, 3) offering praise for good school work and admonishment for unaccepted school work, and 4) consults periodically with school teachers regarding children's school work.

8 Has very good understanding of the importance of education for his children. States explicitly or infers that the family will "sacrifice" so that each child will attain at least a high school education. Has some contact with school authorities regarding children's scholastic standing. Helps children regularly with school assignments.

7 Seems to have an active interest in children's activities, evidences some knowledge of value of education. Some participation in school programs for parents.

6 Evidences some interest in children's educational activities, as well as a little participation in these activities (keeping up with grades, answering teachers' notes, etc.).

5 Neither seems overtly interested in children's education nor against their participation in school programs. Has some awareness of education's value to children.

4 A little personal concern for children having problems in school (induced by caseworker). Some evidence to indicate parent has a little awareness of the value of education to children.

3 Evidences no awareness of education's value to children. Does recognize children legally must stay in school until they are of age.

2 Evidences some hostility toward children having to attend school. Feels that children's time could be better spent at home (or doing what they did when they were children's age).

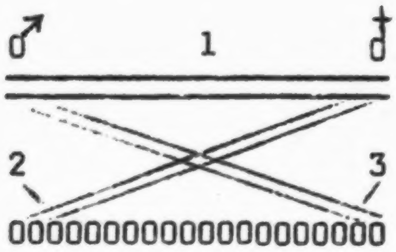
1 Completely uncooperative with school authorities and welfare authorities in regard to keeping children in school (evidences strong hostility toward children having to attend school).

VI. Family Status Ratings

This tentative design now includes a section which is considered to be one of major importance--that having to do with the status of the family. In view of the identification of responsibilities of team members, it seemed logical that the caseworker should be the one to do all the ratings for the various categories. The criteria regarding categories thus far are as follows:

44. Emotional Status (Affection)

The emotional status of a family is defined in terms of the degree of affection and/or hostility various family members have for each other. It is assumed there are three two-way streets involved regarding affection-hostility; the following is a schematic model which will be used to describe the various points on the rating scale:



1. Relationship between husband and wife.
2. Relationship between father and children.
3. Relationship between mother and children.

Definitions of Symbols

♂ - Husband, father

♀ - Wife, mother

000000 - Children

+ - Overt, seemingly honest affection

Z - Some type of interference in relationships

— - Evidenced hostility

9 Highly affectionate family, all relationships overtly positive.

1. +   2. \+   3. \+

8 Rater feels that all relationships are positive but cannot gather evidence affection is not present.

1. ?+   2. ?+   3. ?+

7 Any two of the three two-way streets are positive and the third channel has interference (evidenced interference). The one positive relationship may be overt or inferred.

+(?)   +(?)   Z

6 Any one of the three two-way streets is positive and the other two channels have interference (evidenced interference). The one positive relationship may be overt or inferred.

Z   +(?)   —Z

5 Interference in all three channels. Adequate relationships for family unit to continue.

Z   Z   Z

4 Any one of the three two-way streets is negative with the other two channels evidencing interference. The negative relationship may be overt or inferred hostility.

Z   —(?)   Z

3 Any two of the three two-way streets are negative with the other channel evidencing interference. The two negative relationships may be overt or inferred hostility.

—(?) Z —(?)

2 Rater feels that all relationships are negative but cannot gather evidence to indicate overt hostility, hostility is inferred.

1. —(?) 2. —(?) 3. —(?)

1 Overt hostility in all relationships. All channels negative.

1. — 2. — 3. —

DEFINITIONS

1. Interference: Some known factor which interfers with a given relationship--additional persons living within a family unit, financial problems, disabilities of family members, problems in communicating feelings, etc.

2. Overt:

   a. Some evidence which can be included in case record to support evaluation.

   b. Overt in the case of overt hostility is not to be confused with suppressed hostility. (Suppressed hostility in many instances is considered more debilitating than acting out recognized hostile feelings.) In this case overt means only that recognized evidence is obtainable.

   (For those cases where one of the parents does not reside in the home, then the maximum score obtainable will be six--there is only one two-way street channel to consider.)

Management

45. Money and/or Equivalent Management

It is hypothesized that the degree to which clientele and their families manage money (and its equivalent), time, and resources is related to the degree of independence-dependence of the family unit. It is also assumed that management can be scaled in the above three categories with terms like usage and misusage (to be completed by caseworker).

9 Extensive preplanned usage of money and equivalent at optimum level.

8 Good usage of money and equivalent with some pre-planning evidenced.

7 Good usage of money and equivalent with little pre-planning evidenced.

6 Adequate usage of money and equivalent but no pre-planning evidenced.

5 Usage of money and equivalent such that basic needs are being met because of habit and necessity.

4 Evidence indicated that a few basic needs are not being met due to misuse of money and equivalent.

3 Evidence indicates that some basic needs are not being met due to misuse of money and equivalent.

2 Evidence indicates that most basic needs are not being met due to misuse of money and equivalent.

1 Total misuse of money and equivalent.

DEFINITIONS

Money term includes all cash available to family inclusive of benefits, contributions, wages, proceeds from business enterprise.

Equivalent includes all goods available to family such as clothing, food (surplus commodities), services (child care, clinic, medical supplies) from sources within the family or family friends and relatives, and the community.

46. Time Management

This term includes the family functioning so as to fulfill obligations, do necessary time consuming tasks, etc. It is assumed that by using the terms usage and misuse this category can be scaled (to be completed by caseworker).

9 Soundly preplanned usage of time so that all daily living needs are met and avocational pursuits are possible.

8 Good usage of time so there is sufficient time to meet daily living needs. Some preplanning evidenced.

7 Good usage of time so there is sufficient time to meet daily living needs. Little preplanning evidenced.

6 Adequate usage of time. No preplanning evidenced.

5 Usage of time is such that basic needs are met. This occurs out of habit and necessity.

4 Evidence indicates that a few basic needs are not being met due to misuse of time.

3 Evidence indicates that some basic needs are being met due to misuse of time.

2 Evidence indicates that most basic needs are not being met due to misuse of time.

1 Total misuse of time.

47. Resources for Avocational Pursuits

Term includes usage, lack of use, and/or misuse of all or any resource available to the family unit and its members within the family constellation (friends and relatives), neighborhood (community centers), playmates, play areas, (to include organizational functions such as Boy Scouts, Girl Scouts, school activities, etc.), church and civic (school) organizations. Avocational includes recreational and educational pursuits which enhance or make for more enjoyable living.

9 Extensive use of resources for avocational pursuits. Much preplanning evidenced.

8 Ample use of resources for avocational pursuits. Some preplanning evidenced.

7 Good usage of resources for avocational pursuits. Little preplanning evidenced.

6 Adequate usage of resources for avocational pursuits. No preplanning evidenced.

5 Usage of resources for avocational pursuits such that routine recreational activities are evident. Family participates in activities out of habit.

4 Some recreational activities of family are evidenced. Some evidence exists to indicate family has misused resources or has not taken advantage of them.

3 Few recreational activities of family are evidenced. Some evidence exists to indicate family has misused resources or has not taken advantage of them.

2 A negligible number of recreational activities of family are evidenced. Much evidence exists to indicate family has misused resources or has not taken advantage of them.

1 No recreational activities of family are evidenced.

Health

Three categories are recognized as defining family health--Family Hygiene, Home Sanitation, and Family Illness. Even though it is assumed these categories will most likely be intercorrelated, it is felt that should the circumstance so warrant, having three scales will allow differences in behavior and environment to be documented (to be completed by caseworker).

48. Family Hygiene

The meaning of this term is analogous to cleanliness and/or sanitary habits the object being to take preventative measures for healthful living. The difference in this rating as compared with Personal Hygiene is that the rater attempts to consider the family as a whole.

9 Evidences the following: clean body and extremities, dental care, clean clothing, good posture, weight control, prudent use of patent medicines (disinfectants, aftershave lotions, skin creams, mouth washes, etc.) and has made adequate use of medical resources.

8 Includes most of the above but omits focusing attention on one or two items--leaves impression client puts forth effort to maintain self at highest level possible.

7 Client leaves impression his daily living habits include some hygienic activities and is motivated or concerned to some extent to live by reasonable health standards.

6 Complies with living (health) standards mostly by habit, evidences a little concern for hygienic self-care.

5 Habitual type of self-care which appears to indicate little understanding of taking preventative measures. Impression is that hygienic habits exist more because of social pressure than for sanitary purposes.

4 Some social awareness of self-care with habits to correlate, but evidences lack of concern for self-care activities.

3 Recognizes something wrong with health, but evidences sloppiness in self-care activities. Evidences a little awareness of social factors related to hygienic habits.

2 Includes most of items in Level I but has made some efforts to cover characteristics--detrimental.

1 Evidences the following: dirty body and extremities, poor dental care, dirty clothing, poor posture, no weight control, omission or misuse of patent medicines, ignoring medical resources--detrimental.

49. Home Sanitation and Livableness

Term includes the extent to which family develops a livable, healthful, and adequate housing--(1) space, (2) aesthetic, (3) furniture, (4) applicances, and (5) sanitation constitute criteria. (Sleeping arrangements, etc., included in area and furniture sufficiencies.) (to be completed by caseworker)

9 Optimum home, all five factors adequate for family needs.

8 Adequate home, all factors (except aesthetic) meet family needs (little attention given to decoration coordination).

7 Adequate home, with a few inadequacies noted; basics are present to meet minimum standards of living for all family members.

6 Adequate home, with some inadequacies evidenced; basics are present to meet minimum standards of living for all family members.

5 A few basics are missing and only some of the families' needs are being met. Evidence indicates some poor sanitary habits exist.

4 Basics are present to meet most of the families' needs (heating, amount of furniture, plumbing, cooking appliances, etc.). Many inadequacies are noticed.

3 Some basics are missing and only a few of the families' needs are being met. Many poor sanitary habits exist.

2 Most basics are missing; sanitation such that it jeopardizes health of family members.

1 All basics are missing; detrimental to health.

50. Family Illness

This category includes the concept of rater looking at family unit as a whole and gathering evidence to make an estimate as to the general health of the family unit. Ideally, physical examinations should be obtained on all family members, but since this is not practical or possible, it is thought a rating on the family would be helpful. (If one person in the family has a medical problem, it will be the rater's responsibility to weight this problem and determine the extent to which it will limit or does not limit the overall family functions.) (to be completed by caseworker)

9 No limitation on activities of family.

8 No limitation on family with medical supervision.

7 Minimum limitation on family without medical supervision.

6 Minimum limitation on family with medical supervision.

5 Moderate limitation on family with or without medical supervision.

4 Moderate limitation on family with medical supervision and possible prospect for improvement.

3 Limited activity of family as defined by medical authority.

2 Minor activity of family as prescribed through medical supervision.

1 Very little or no activity of family as prescribed through medical supervision, needs constant medical attention.

TABLE I

JUDGEMENTALLY DERIVED WAS SCORING KEYS

Score	CONSTRUCT 1 Item No.	THE ABSENCE OF EXCUSES FOR NOT WORKING Content
F	1	Disabled people should not work because of their sickness.
T	2	I see no reason why I should not work.
F	7	Employers would not hire someone if they knew he was a disabled person.
F	11	Hours are usually too long on a job.
F	16	A person is very particular about the kinds of jobs he gets.
F	25	Sometimes unemployment benefits sound so good that it is not worthwhile to get a job.
F	28	There is little a person can do.
F	30	A person only wants to work close to where he lives so that he can get home quickly.
F	34	A person is not cut out to work.
F	36	A person would not accept just any job even though he might need the money.
F	44	I do not like most types of work.
F	52	Nearly everybody is overworked and underpaid.
F	55	Disabled persons are underpaid compared with other workers.
F	58	A person is not worth much to an employer.
F	61	Taxes are so high that it is just not worth it to work.

TABLE I (Continued)

Score	Item No.	Content
F	75	Work has a way of making people short tempered.
F	80	At the present time I do not feel like working.
F	87	In today's world, a person who does not have a car is handicapped.
F	90	I feel I should have my freedom in doing my work the way I think it should be done.
F	100	A person cannot do any job if he is not trained.
F	104	Working tires a person so that he is unable to do a good job.
F	107	Bosses will not hire people who have not worked for a long time.
F	110	I cannot do things as other people can.
F	111	Bosses like to hire only people who have no families.
F	112	A person has many problems that make it hard, if not impossible to work.
F	119	I do not have enough self-confidence to work.
F	120	Employers expect you to work too fast.
F	121	There are so many people who can do a job better than I can.
F	127	Regardless of the type of work, there are a number of things I could not do.
F	132	I'm too sick to work.
F	136	I cannot learn to do new things at my age.
F	138	I have never been trained for anything and nobody wants to hire me.

TABLE I (Continued)

Score	Item No.	Content
F	142	My physical health does not allow me to work.
F	156	A person who has suffered so much and has had so many problems should not be expected to work.
F	162	I want to do that type of work in which I have had experience.
F	164	The job on which I work will have to be easy because of my physical health.
T	166	I have not been too physically sick to work.
T	168	I am usually physically able to do most work.
F	171	People who work inside live longer than those who work outside.
F	172	Working in a public place makes a person too nervous.
F	178	It is more important for a person to stay home with his family than to work for the wages he usually receives.
T	191	If most disabled people wanted to work, they could.
F	193	People do not realize how hard it is for a disabled person to work.
T	195	If a person really wanted to work, he could find a job.
F	196	Most employers want to work me too hard.
F	197	Most bosses are too strict with their employees.
F	198	I could learn to work again if I had to do so.
F	209	It takes a lot of nerve to go job hunting.

TABLE 1 (Continued)

Score	Item No.	Content
F	215	Most employers are nosey about people's personal problems.
F	238	You should not take a job unless you think you can do every part of it perfectly.
F	242	If I work all day I am too tired to pay enough attention to my wife (husband) and children.
F	246	Employers like to choose younger people for jobs rather than older ones.
F	250	An uneducated person can never get ahead.
	CONSTRUCT 2	THE EXTENT TO WHICH WORK IS SEEN AS A VIRTUE
F	5	The disabled person has a handicap before he even starts to look for work.
T	10	I would like to continue doing the work I have done in the past.
F	21	The work week should be changed from 40 to 32 hours.
F	56	A person gets along all right without working.
F	73	All jobs are alike, they make people tired.
F	85	If a person cannot earn money, then he has no reason to work.
F	101	The only goal in the business world is to make as much money as can be had.
T	115	To me there is more to working than just the pay one receives for his labor.
F	122	Employees should only be interested in satisfying the wishes of the boss.

TABLE I (Continued)

Score	Item No.	Content
F	124	People work because they have to and not because they want to.
F	154	There is no self-satisfaction in working nowadays.
CONSTRUCT 3		THE PRESENCE OF HEALTHY WORK ATTITUDES
F	24	I cannot work with others on a job and I need special work.
F	29	Sometimes it is a good idea to vary slightly from the truth if you think it means getting the job or not.
T	37	Competition inspires good work.
F	39	Most people feel nervous and irritable after a day on the job.
F	43	If something annoys you, you have the right to quit without giving notice.
F	62	I would prefer to come and go on my job when I felt like it.
F	64	I have never been satisfied on a job.
F	66	A person dislikes having anyone tell him how to do his job.
F	149	People who go to church make the best workers.
F	161	People do not really work unless they use their hands.
F	174	I believe that a person should do only what he is told to do at work and not do any more.
T	176	When things are slow at the job, an employee should look around for something to do rather than goof off or just rest.

TABLE I (Continued)

Score	Item No.	Content
T	181	People who are always thinking about themselves do not get much work done.
F	194	My family has done better than I have.
F	200	On most jobs, I felt the boss wanted me to do too many things at the same time.
T	206	I can remember from one day to the next what I have been told or shown how to do.
F	207	Employers are not concerned enough about their workers' problems.
F	210	I get tired of doing the same job day in and day out.
T	212	Most jobs are exciting enough to keep me interested in my work.
F	214	I do not believe I should stay on a job for over six months without receiving a raise.
F	217	An employee should be able to have the day off any time he wants it.
F	221	Employers should brag on their people more.
F	222	If a person does not have much to do, he should stretch his work out to make it last longer.
F	223	It seems like employers are always looking for someone to bawl out.
F	236	It is a good idea to pretend you know something when you really do not.
F	240	If I am not busy working, I get very nervous and gloomy.
T	244	It is not what a person was in the past that is so important, it is what he is now and what he is trying to do.
T	245	I feel I can always learn how to do something new if I really try.

TABLE I (Continued)

CONSTRUCT 4 THE PRESENCE OF HEALTHY ATTITUDES TOWARD CO-WORKERS

Score	Item No.	Content
F	81	If the government could only understand people's problems, it could better help them.
F	99	Poor people are more unhappy than rich people.
F	137	People who have desk jobs are happier than those who do not.
F	150	I believe I should have special favors at the job because of my high qualifications.
F	165	People who do not go to church find it hard to get along with others at work.
F	183	Only those people who work with their hands actually do any work.
F	185	People who drink do poor work.
F	199	People seem to take advantage of their employer.
F	203	Most employees waste too much time while on the job.
F	211	Most people act like the world owes them a living.
F	218	Other people try to get ahead of me on jobs.
F	219	Most people try to get ahead of me on jobs.
T	226	If a fellow employee is behind in his work, a person should try to help him catch up.
F	227	The way to get ahead on a job is to be buddy-buddy with the boss.
F	235	Most sick people are treated with pity by fellow workers instead of being accepted by them as an equal.

TABLE I (Continued)

CONSTRUCT 5 THE ABSENCE OF PROJECTIONS OF BLAME ON TO AUTHORITY FIGURES

Score	Item No.	Content
F	9	Most employers are against people who have disabilities.
F	53	If you do your work rapidly, you are likely to be given more work because the boss will take advantage of you.
F	57	It is nice to know that if you do not work, the government will take care of you.
F	69	God gave the world liquor so that people can forget their troubles.
F	89	When a person gets old his children should take care of him and pay his way.
F	91	Government should make employers quit using machines so there will be more jobs for people.
F	95	Most people who are rich did not get their money honestly.
F	98	Most employers would want to watch me more closely than they do others.
F	106	There is usually somebody on a job that will have it in for a person.
F	116	Employers are only interested in the amount of money their employees can earn for them.
F	118	Most bosses think their employees work only as long as someone keeps an eye on them.
F	129	Most employers seem to have it in for a person.
F	131	Other workers do not like to help you with your work.

TABLE I (Continued)

Score	Item No.	Content
F	134	I usually get all the dirty work to do on a job.
F	139	If a person is liked by his boss, he does not have to do much work.
F	148	It seems like most people are against a person where he works.
F	153	Most people do not accept others for what they are.
F	167	Most bosses are like policemen.
F	175	People talk more about other people's bad points than they do their good points.
F	180	In this part of the country a person is not treated fairly by his employer, especially the handicapped person.
F	189	Most employers are against disabled people working for them.
F	192	My bosses usually do not understand me.
F	220	My circumstances are such that I feel justified in taking advantage of government and state services and assistance.
F	229	Most people do not like to help handicapped people get jobs.
F	231	Everyone thinks a handicapped person is stupid.
F	233	Everyone feels a handicapped person will cause more accidents at work.
F	234	A lot of people seem to enjoy making a person feel bad.
F	237	Handicapped people with the same experience and education as other employees are passed over when it comes to promotions and better pay.

TABLE I (Continued)

Score	Item No.	Content
F	239	When it comes to a layoff of employees a handicapped person is the first one to go.
F	243	Employers are always suspicious and watch a disabled person.
F	248	The Government should pay higher disability allotments (claims) so that a handicapped person would not have to work.

TABLE 45

Pre-Score Distribution on the WAS Scale I

Absence of Excuses for Not Working

San Antonio Population (N = 250)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
50 - 48	3	99
47 - 45	12	98
44 - 42	22	93
41 - 39	37	83
38 - 36	31	68
35 - 33	33	55
32 - 30	22	44
29 - 27	27	35
26 - 24	18	24
23 - 21	20	16
20 - 18	12	9
17 - 15	6	5
14 - 12	5	3
11 - 9	0	1
8 - 6	0	1
5	2	1

Mean	32.44	Possible Range	0 - 53
Standard Deviation	8.79	Actual Range	5 - 50

TABLE 46

Pre-Score Distribution on the WAS Scale II

Extent to Which Work is Seen as a Virtue

San Antonio Population (N = 250)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
11	8	98
10	23	92
9	34	81
8	33	67
7	37	53
6	35	39
5	29	26
4	23	16
3	22	7
2	5	1
1	1	1
0	0	0

Mean	6.68	Possible Range	0 - 11
Standard Deviation	2.33	Actual Range	1 - 11

TABLE 47

Pre-Score Distribution on the WAS Scale III

Presence of Healthy Work Attitudes

San Antonio Population (N = 250)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
27 - 26	8	99
25 - 24	25	95
23 - 22	40	85
21 - 20	43	66
19 - 18	47	46
17 - 16	32	30
15 - 14	24	17
13 - 12	17	8
11 - 10	3	3
9 - 8	3	2
7 - 6	2	1
5 - 4	1	1
3 - 2	0	0

Mean	18.91	Possible Range	0 - 28
Standard Deviation	4.12	Actual Range	4 - 27

TABLE 48

Pre-Score Distribution on the WAS Scale IV

Presence of Healthy Attitudes Toward Co-workers

San Antonio Population (N = 250)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
15	2	99
14	3	99
13	15	95
12	13	89
11	21	83
10	28	73
9	39	59
8	32	45
7	33	32
6	17	22
5	14	16
4	15	10
3	8	6
2	6	3
1	4	1
0	0	0

Mean	8.18	Possible Range	0 - 15
Standard Deviation	2.97	Actual Range	1 - 15

TABLE 49

Pre-Score Distribution on the WAS Scale V

Absence of Projections of Blame onto Authority Figures

San Antonio Population (N = 250)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
31 - 30	6	99
29 - 28	15	97
27 - 26	22	90
25 - 24	30	80
23 - 22	28	68
21 - 20	25	57
19 - 18	20	48
17 - 16	23	40
15 - 14	21	30
13 - 12	15	22
11 - 10	14	17
9 - 8	13	10
7 - 6	11	6
5 - 4	6	2
3 - 2	0	1
1 - 0	1	1

Mean 18.66 Possible Range 0 - 31

Standard Deviation 6.79 Actual Range 1 - 31

TABLE 50

Pre-Score Distribution on the WAS Total Scores

San Antonio Population (N = 250)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
139 - 130	1	99
129 - 120	10	99
119 - 110	15	95
109 - 100	49	88
99 - 90	39	68
89 - 80	37	52
79 - 70	32	38
69 - 60	30	25
59 - 50	16	13
49 - 40	14	7
39 - 30	4	2
29 - 20	3	1
19 - 10	0	0

Mean 84.86

Possible Range 0 - 138

Standard Deviation 22.42

Actual Range 20 - 130

TABLE 51

Pre-Score Distribution on the WAS Scale I

Absence of Excuses for Not Working

Amarillo Population (N = 43)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
50 - 48	1	99
47 - 45	1	97
44 - 42	5	93
41 - 39	7	83
38 - 36	6	64
35 - 33	6	49
32 - 30	8	35
29 - 27	1	20
26 - 24	4	15
23 - 21	1	8
20 - 18	3	5
17 - 15	0	0
14 - 12	0	0
11 - 9	0	0
8 - 6	0	0
5	0	0

Mean	34.51	Possible Range	0 - 53
Standard Deviation	7.30	Actual Range	18 - 49

TABLE 52

Pre-Score Distribution on the WAS Scale II

Extent to Which Work is Seen as a Virtue

Amarillo Population (N = 43)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
11	2	98
10	2	93
9	9	80
8	5	64
7	5	52
6	7	38
5	5	24
4	4	14
3	3	6
2	1	1
1	0	0
0	0	0

Mean	6.79	Possible Range	0 - 11
Standard Deviation	2.32	Actual Range	2 - 11

TABLE 53

Pre-Score Distribution on the WAS Scale III

Presence of Healthy Work Attitudes

Amarillo Population (N = 43)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
27 - 26	3	98
25 - 24	4	92
23 - 22	11	78
21 - 20	11	50
19 - 18	9	28
17 - 16	2	10
15 - 14	1	6
13 - 12	2	2
11 - 10	0	0
9 - 8	0	0
7 - 6	0	0
5 - 4	0	0
3 - 2	0	0

Mean	20.70	Possible Range	0 - 28
Standard Deviation	3.26	Actual Range	13 - 27

TABLE 54

Pre-Score Distribution on the WAS Scale IV

Presence of Healthy Attitudes Toward Co-workers

Amarillo Population (N = 43)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
15	0	99
14	1	99
13	3	94
12	5	85
11	3	76
10	11	59
9	5	41
8	5	29
7	2	21
6	2	16
5	2	12
4	3	6
3	0	1
2	1	1
1	0	0
0	0	0

Mean 9.09 Possible Range 0 - 15

Standard Deviation 2.79 Actual Range 2 - 14

TABLE 55

Pre-Score Distribution on the WAS Scale V

Absence of Projections of Blame onto Authority Figures

Amarillo Population (N = 43)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
31 - 30	1	99
29 - 28	1	97
27 - 26	6	90
25 - 24	3	80
23 - 22	5	73
21 - 20	7	60
19 - 18	4	42
17 - 16	4	34
15 - 14	4	24
13 - 12	1	17
11 - 10	2	15
9 - 8	4	9
7 - 6	0	1
5 - 4	1	1
3 - 2	0	0
1 - 0	0	0

Mean	19.00	Possible Range	0 - 31
Standard Deviation	6.38	Actual Range	4 - 31

TABLE 56

Pre-Score Distribution on the WAS Total Scores

Amarillo Population (N = 43)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
139 - 130	1	99
129 - 120	1	97
119 - 110	4	94
109 - 100	6	81
99 - 90	16	69
89 - 80	3	33
79 - 70	3	27
69 - 60	6	17
59 - 50	1	6
49 - 40	2	3
39 - 30	0	0
29 - 20	0	0
19 - 10	0	0

Mean	90.09	Possible Range	0 - 138
Standard Deviation	19.34	Actual Range	44 - 130

TABLE 57

Pre-Score Distribution on the WAS Scale I

Absence of Excuses for Not Working

Dallas Population (N = 93)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
50 - 48	2	99
47 - 45	7	96
44 - 42	5	89
41 - 39	8	83
38 - 36	15	73
35 - 33	12	58
32 - 30	8	47
29 - 27	10	38
26 - 24	9	27
23 - 21	7	16
20 - 18	4	10
17 - 15	2	5
14 - 12	0	4
11 - 9	1	4
8 - 6	3	3
5	0	0

Mean	31.78	Possible Range	0 - 53
Standard Deviation	9.41	Actual Range	6 - 48

TABLE 58

Pre-Score Distribution on the WAS Scale II

Extent to Which Work is Seen as a Virtue

Dallas Population (N = 93)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
11	3	98
10	4	95
9	10	87
8	11	76
7	16	61
6	11	47
5	16	32
4	10	18
3	6	10
2	2	5
1	4	2
0	0	0

Mean	6.18	Possible Range	0 - 11
Standard Deviation	2.40	Actual Range	1 - 11

TABLE 59

Pre-Score Distribution on the WAS Scale III

Presence of Healthy Work Attitudes

Dallas Population (N = 93)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
27 - 26	2	99
25 - 24	6	96
23 - 22	15	87
21 - 20	17	70
19 - 18	17	51
17 - 16	14	34
15 - 14	10	21
13 - 12	4	11
11 - 10	4	6
9 - 8	0	4
7 - 6	2	4
5 - 4	2	1
3 - 2	0	0

Mean	18.29	Possible Range	0 - 28
Standard Deviation	4.52	Actual Range	5 - 26

TABLE 60

Pre-Score Distribution on the WAS Scale IV

Presence of Healthy Attitudes Toward Co-workers

Dallas Population (N = 93)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
15	0	99
14	1	99
13	3	97
12	8	91
11	12	81
10	8	70
9	9	61
8	13	49
7	12	35
6	9	24
5	5	17
4	6	11
3	3	6
2	1	4
1	2	2
0	1	1

Mean	8.02	Possible Range	0 - 15
Standard Deviation	3.04	Actual Range	0 - 14

TABLE 61

Pre-Score Distribution on the WAS Scale V

Absence of Projections of Blame onto Authority Figures

Dallas Population (N = 93)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
31 - 30	3	99
29 - 28	4	96
27 - 26	8	90
25 - 24	5	82
23 - 22	9	77
21 - 20	14	67
19 - 18	4	53
17 - 16	9	46
15 - 14	6	37
13 - 12	9	30
11 - 10	6	21
9 - 8	10	13
7 - 6	1	6
5 - 4	3	4
3 - 2	0	2
1 - 0	2	2

Mean 17.46

Standard Deviation 7.18

Possible Range 0 - 31

Actual Range 0 - 31

TABLE 62

Pre-Score Distribution on the WAS Total Scores

Dallas Population (N = 93)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
139 - 130	0	98
129 - 120	5	98
119 - 110	6	94
109 - 100	9	87
99 - 90	16	77
89 - 80	17	59
79 - 70	11	41
69 - 60	14	30
59 - 50	9	14
49 - 40	2	6
39 - 30	0	4
29 - 20	2	4
19 - 10	2	2

Mean 81.74

Standard Deviation 23.81

Possible Range 0 - 138

Actual Range 13 - 122

TABLE 63

Pre-Score Distribution on the WAS Scale I

Absence of Excuses for Not Working

Mexican-Americans (N = 160)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
50 - 48	1	99
47 - 45	9	99
44 - 42	15	93
41 - 39	18	83
38 - 36	15	72
35 - 33	23	61
32 - 30	13	48
29 - 27	16	40
26 - 24	15	30
23 - 21	16	20
20 - 18	9	11
17 - 15	5	6
14 - 12	3	3
11 - 9	0	1
8 - 6	0	1
5	2	1

Mean 31.49

Standard Deviation 9.22

Possible Range 0 - 53

Actual Range 5 - 49

TABLE 64

Pre-Score Distribution on the WAS Scale II

Extent to Which Work is Seen as a Virtue

Mexican-Americans (N = 160)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
11	6	98
10	8	94
9	26	83
8	18	69
7	23	57
6	19	43
5	20	31
4	18	19
3	19	8
2	3	2
1	0	0
0	0	0

Mean	6.46	Possible Range	0 - 11
Standard Deviation	2.36	Actual Range	2 - 11

TABLE 65

Pre-Score Distribution on the WAS Scale III

Presence of Healthy Work Attitudes

Mexican-Americans (N = 160)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
27 - 26	6	99
25 - 24	13	95
23 - 22	20	86
21 - 20	24	72
19 - 18	36	55
17 - 16	23	35
15 - 14	17	21
13 - 12	14	10
11 - 10	1	4
9 - 8	3	3
7 - 6	2	1
5 - 4	1	1
3 - 2	0	0

Mean 18.33

Standard Deviation 4.31

Possible Range 0 - 28

Actual Range 4 - 27

TABLE 66

Pre-Score Distribution on the WAS Scale IV

Presence of Healthy Attitudes Toward Co-workers

Mexican-Americans (N = 160)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
15	1	99
14	1	99
13	11	95
12	11	88
11	9	82
10	16	74
9	23	62
8	21	48
7	24	34
6	11	23
5	8	18
4	11	12
3	6	6
2	4	3
1	3	1
0	0	0

Mean 8.03

Standard Deviation 3.03

Possible Range 0 - 15

Actual Range 1 - 15

TABLE 67

Pre-Score Distribution on the WAS Scale V

Absence of Projections of Blame onto Authority Figures

Mexican-Americans (N = 160)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
31 - 30	3	99
29 - 28	7	97
27 - 26	14	92
25 - 24	19	82
23 - 22	11	71
21 - 20	19	63
19 - 18	13	52
17 - 16	15	45
15 - 14	14	35
13 - 12	12	25
11 - 10	8	19
9 - 8	10	13
7 - 6	10	7
5 - 4	5	3
3 - 2	0	0
1 - 0	0	0

Mean	17.91	Possible Range	0 - 31
Standard Deviation	6.85	Actual Range	4 - 30

TABLE 68

Pre-Score Distribution on the WAS Total Scores

Mexican-Americans (N = 160)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
139 - 130	1	99
129 - 120	5	99
119 - 110	18	95
109 - 100	19	84
99 - 90	20	72
89 - 80	24	58
79 - 70	26	45
69 - 60	17	27
59 - 50	17	17
49 - 40	5	8
39 - 30	6	4
29 - 20	2	1
19 - 10	0	0

Mean	82.22	Possible Range	0 - 138
Standard Deviation	23.19	Actual Range	22 - 131

TABLE 69

Pre-Score Distribution on the WAS Scale I

Absence of Excuses for Not Working

Negroes (N = 120)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
50 - 48	1	99
47 - 45	5	97
44 - 42	8	94
41 - 39	21	85
38 - 36	22	67
35 - 33	14	49
32 - 30	14	39
29 - 27	15	27
26 - 24	4	16
23 - 21	6	12
20 - 18	6	7
17 - 15	1	3
14 - 12	1	2
11 - 9	0	1
8 - 6	2	1
5	0	0

Mean	33.34	Possible Range	0 - 53
Standard Deviation	8.03	Actual Range	7 - 48

TABLE 70

Pre-Score Distribution on the WAS Scale II

Extent to Which Work is Seen as a Virtue

Negroes (N - 120)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
11	2	99
10	6	96
9	15	87
8	18	73
7	19	58
6	18	42
5	21	26
4	11	13
3	7	5
2	3	1
1	0	0
0	0	0

Mean	6.48	Possible Range	0 - 11
Standard Deviation	2.09	Actual Range	2 - 11

TABLE 71

Pre-Score Distribution on the WAS Scale III

Presence of Healthy Work Attitudes

Negroes (N = 120)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
27 - 26	2	99
25 - 24	16	95
23 - 22	21	82
21 - 20	29	61
19 - 18	20	37
17 - 16	16	23
15 - 14	10	10
13 - 12	3	4
11 - 10	1	2
9 - 8	0	1
7 - 6	2	1
5 - 4	0	0
3 - 2	0	0

Mean 19.63 Possible Range 0 - 28

Standard Deviation 3.69 Actual Range 6 - 26

TABLE 72

Pre-Score Distribution on the WAS Scale IV

Presence of Healthy Attitudes Toward Co-workers

Negroes (N = 120)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
15	0	99
14	2	99
13	5	96
12	9	90
11	11	82
10	16	71
9	18	57
8	13	44
7	13	33
6	9	24
5	9	16
4	8	9
3	2	5
2	4	2
1	1	1
0	0	0

Mean	8.21	Possible Range	0 - 15
Standard Deviation	2.92	Actual Range	1 - 14

TABLE 73

Pre-Score Distribution on the WAS Scale V

Absence of Projections of Blame onto Authority Figures

Negroes (N = 120)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
31 - 30	5	99
29 - 28	6	95
27 - 26	9	89
25 - 24	11	82
23 - 22	21	71
21 - 20	14	56
19 - 18	7	44
17 - 16	13	37
15 - 14	8	26
13 - 12	7	20
11 - 10	7	14
9 - 8	8	8
7 - 6	0	2
5 - 4	3	2
3 - 2	0	1
1 - 0	1	1

Mean 19.04

Possible Range 0 - 31

Standard Deviation 6.61

Actual Range 0 - 31

TABLE 74

Pre-Score Distribution on the WAS Total Scores

Negroes (N = 120)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
139 - 130	0	99
129 - 120	2	99
119 - 110	9	97
109 - 100	16	90
99 - 90	37	73
89 - 80	19	44
79 - 70	12	30
69 - 60	12	20
59 - 50	7	9
49 - 40	4	4
39 - 30	0	1
29 - 20	1	1
19 - 10	1	1

Mean 86.70

Possible Range 0 - 138

Standard Deviation 20.58

Actual Range 17 - 123

TABLE 75

Pre-Score Distribution on the WAS Scale I

Absence of Excuses for Not Working

Anglos (N = 52)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
50 - 48	3	99
47 - 45	4	93
44 - 42	6	86
41 - 39	10	74
38 - 36	5	54
35 - 33	7	44
32 - 30	5	31
29 - 27	3	21
26 - 24	4	15
23 - 21	3	9
20 - 18	1	3
17 - 15	0	1
14 - 12	0	1
11 - 9	1	1
8 - 6	0	0
5	0	0

Mean	35.46	Possible Range	0 - 53
Standard Deviation	8.44	Actual Range	10 - 50

TABLE 76

Pre-Score Distribution on the WAS Scale II

Extent to Which Work is Seen as a Virtue

Anglos (N = 52)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
11	4	96
10	11	82
9	8	63
8	8	48
7	6	35
6	9	20
5	2	10
4	2	6
3	1	3
2	0	1
1	1	1
0	0	0

Mean	7.85	Possible Range	0 - 11
Standard Deviation	2.23	Actual Range	1 - 11

TABLE 77

Pre-Score Distribution on the WAS Scale III

Presence of Healthy Work Attitudes

Anglos (N = 52)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
27 - 26	4	96
25 - 24	4	89
23 - 22	16	77
21 - 20	14	44
19 - 18	5	23
17 - 16	3	16
15 - 14	4	11
13 - 12	1	3
11 - 10	0	1
9 - 8	0	1
7 - 6	0	1
5 - 4	1	1
3 - 2	0	0

Mean	20.60	Possible Range	0 - 28
Standard Deviation	3.93	Actual Range	5 - 26

TABLE 78

Pre-Score Distribution on the WAS Scale IV

Presence of Healthy Attitudes Toward Co-workers

Anglos (N = 52)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Raw Score
15	1	99
14	2	96
13	3	91
12	4	85
11	9	72
10	5	59
9	7	47
8	9	32
7	5	18
6	3	11
5	1	7
4	2	4
3	0	1
2	0	1
1	0	1
0	1	1

Mean	9.23	Possible Range	0 - 15
Standard Deviation	2.84	Actual Range	0 - 15

TABLE 79

Pre-Score Distribution on the WAS Scale V

Absence of Projections of Blame onto Authority Figures

Anglos (N = 52)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
31 - 30	2	98
29 - 28	6	94
27 - 26	10	78
25 - 24	4	64
23 - 22	6	56
21 - 20	4	45
19 - 18	2	37
17 - 16	5	32
15 - 14	3	23
13 - 12	3	18
11 - 10	4	12
9 - 8	1	5
7 - 6	1	3
5 - 4	1	1
3 - 2	0	0
1 - 0	0	0

Mean	20.60	Possible Range	0 - 31
Standard Deviation	6.86	Actual Range	4 - 30

TABLE 80

Pre-Score Distribution on the WAS Total Scores

Anglos (N = 52)

Raw Score (Number of Correct Responses)	Frequency	Percent Scoring Within and Below Specified Interval
139 - 130	1	99
129 - 120	4	96
119 - 110	6	87
109 - 100	15	76
99 - 90	9	47
89 - 80	4	32
79 - 70	6	23
69 - 60	3	12
59 - 50	3	6
49 - 40	0	1
39 - 30	0	1
29 - 20	1	1
19 - 10	0	0

Mean	93.73	Possible Range	0 - 138
Standard Deviation	21.78	Actual Range	23 - 130

TABLE 81

Pre-Score Distribution on the WAS Scale I

Absence of Excuses for Not Working

Raw Score	N = 167 Frequency	Percent Scoring Within and Below Specified Interval	N = 109 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
50 - 48	1	99	1	99
47 - 45	5	99	4	98
44 - 42	9	95	5	94
41 - 39	23	89	8	90
38 - 36	18	76	10	81
35 - 33	22	64	12	72
32 - 30	16	51	12	61
29 - 27	21	41	12	51
26 - 24	21	28	4	41
23 - 21	14	17	16	36
20 - 18	10	8	6	22
17 - 15	4	4	5	17
14 - 12	0	1	4	12
11 - 9	0	1	2	9
8 - 6	2	1	4	6
5	1	1	4	2

	Successful	Unsuccessful
Mean	31.17	27.71
Standard Deviation	8.38	10.98
Actual Range	5 - 50	5 - 50

TABLE 82

Pre-Score Distribution on the WAS Scale II

Extent to Which Work is Seen as a Virtue

Raw Score	N = 167 Frequency	Percent Scoring Within and Below Specified Raw Score	N = 109 Frequency	Percent Scoring Within and Below Specified Raw Score
	Successful		Unsuccessful	
11	1	99	2	99
10	12	96	8	94
9	16	87	10	86
8	18	77	8	78
7	26	64	13	68
6	29	48	19	54
5	21	33	11	40
4	18	21	13	29
3	19	10	16	16
2	6	2	2	7
1	1	1	6	4
0	0	0	1	1

	Successful	Unsuccessful
Mean	6.12	5.74
Standard Deviation	2.25	2.60
Actual Range	1 - 11	0 - 11

TABLE 83

Pre-Score Distribution on the WAS Scale III

Presence of Healthy Work Attitudes

Raw Score	N = 167 Frequency	Percent Scoring Within and Below Specified Interval	N = 109 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
27 - 26	7	99	2	99
25 - 24	11	95	5	98
23 - 22	23	87	15	90
21 - 20	31	71	19	76
19 - 18	34	52	19	58
17 - 16	25	32	17	42
15 - 14	18	19	10	28
13 - 12	12	9	8	18
11 - 10	2	3	6	11
9 - 8	2	2	3	6
7 - 6	1	1	3	4
5 - 4	1	1	1	1
3 - 2	0	0	1	1

	Successful	Unsuccessful
Mean	18.56	17.35
Standard Deviation	4.09	4.87
Actual Range	5 - 27	2 - 27

TABLE 84

Pre-Score Distribution on the WAS Scale IV

Presence of Healthy Attitudes Toward Co-workers

Raw Score	N = 167 Frequency	Percent Scoring Within and Below Specified Raw Score	N = 109 Frequency	Percent Scoring Within and Below Specified Raw Score
	Successful		Unsuccessful	
15	2	99	1	99
14	1	99	0	98
13	6	96	3	98
12	8	92	6	94
11	14	86	10	86
10	19	76	8	78
9	17	65	10	70
8	25	52	15	58
7	22	38	11	46
6	13	28	13	35
5	16	19	9	25
4	11	11	8	17
3	9	5	7	11
2	3	1	1	7
1	1	1	5	4
0	0	0	2	1

	Successful	Unsuccessful
Mean	7.81	7.21
Standard Deviation	2.91	3.25
Actual Range	1 - 15	0 - 15

TABLE 85

Pre-Score Distribution on the WAS Scale V

Absence of Projections of Blame onto Authority Figures

Raw Score	N = 167 Frequency	Percent Scoring Within and Below Specified Interval	N = 109 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
31 - 30	2	99	1	99
29 - 28	9	98	2	99
27 - 26	17	90	8	95
25 - 24	13	81	11	86
23 - 22	16	73	8	78
21 - 20	17	63	10	72
19 - 18	17	54	7	63
17 - 16	13	44	10	56
15 - 14	16	34	13	43
13 - 12	11	27	9	33
11 - 10	14	19	9	26
9 - 8	8	12	8	17
7 - 6	10	6	3	11
5 - 4	2	2	6	8
3 - 2	1	1	1	3
1 - 0	1	1	3	1

	Successful	Unsuccessful
Mean	17.90	16.16
Standard Deviation	6.80	7.23
Actual Range	1 - 30	0 - 30

TABLE 86

Pre-Score Distribution on the WAS Total Scores

Raw Score	N = 167 Frequency	Percent Scoring Within and Below Specified Interval	N = 109 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
139 - 130	0	99	0	99
129 - 120	3	99	3	99
119 - 110	16	97	4	97
109 - 100	19	88	13	91
99 - 90	29	75	13	80
89 - 80	23	57	12	68
79 - 70	28	46	19	57
69 - 60	25	28	17	39
59 - 50	12	13	12	25
49 - 40	9	7	5	14
39 - 30	0	1	2	10
29 - 20	2	1	6	8
19 - 10	1	1	3	2

	Successful	Unsuccessful
Mean	81.56	74.17
Standard Deviation	21.69	26.35
Actual Range	14.54 - 124.80	11.22 - 129.24

TABLE 87

Pre-Score Distribution on the ABLE - Vocabulary

San Antonio Population (N = 189)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	4	99
9.4 - 9.0	33	89
8.9 - 8.5	9	80
8.4 - 8.0	6	75
7.9 - 7.5	7	71
7.4 - 7.0	11	68
6.9 - 6.5	7	62
6.4 - 6.0	14	58
5.9 - 5.5	13	51
5.4 - 5.0	19	44
4.9 - 4.5	12	35
4.4 - 4.0	13	28
3.9 - 3.5	10	21
3.4 - 3.0	6	16
2.9 - 2.5	7	12
2.4 - 2.0	5	9
1.9 - 1.5	10	6
1.4 - 1.0	3	1

Mean 5.93 Actual Range 1.0 - 9.50

Standard Deviation 2.37

TABLE 98

Pre-Score Distribution on ABLE - Reading

San Antonio Population (N = 189)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	7	98
9.4 - 9.0	40	86
8.9 - 8.5	8	73
8.4 - 8.0	10	70
7.9 - 7.5	7	65
7.4 - 7.0	7	60
6.9 - 6.5	5	58
6.4 - 6.0	16	55
5.9 - 5.5	4	47
5.4 - 5.0	11	44
4.9 - 4.5	9	38
4.4 - 4.0	13	33
3.9 - 3.5	9	27
3.4 - 3.0	10	22
2.9 - 2.5	12	17
2.4 - 2.0	6	11
1.9 - 1.5	9	8
1.4 - 1.0	6	3

Mean 5.95

Actual Range 1.10 - 9.50

Standard Deviation 2.62

TABLE 89

Pre-Score Distribution on the ABLE - Spelling

San Antonio Population (N = 189)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	3	99
9.4 - 9.0	34	89
8.9 - 8.5	6	79
8.4 - 8.0	4	76
7.9 - 7.5	3	74
7.4 - 7.0	6	73
6.9 - 6.5	7	70
6.4 - 6.0	15	65
5.9 - 5.5	13	58
5.4 - 5.0	16	51
4.9 - 4.5	10	43
4.4 - 4.0	15	37
3.9 - 3.5	19	29
3.4 - 3.0	6	19
2.9 - 2.5	3	16
2.4 - 2.0	7	15
1.9 - 1.5	4	11
1.4 - 1.0	10	9
0	8	2

Mean 5.43

Actual Range 0 - 9.50

Standard Deviation 2.63

TABLE 90

Pre-Score Distribution on the ABLE - Arithmetic Computation

San Antonio Population (N = 186)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	3	99
9.4 - 9.0	2	98
8.9 - 8.5	2	97
8.4 - 8.0	5	96
7.9 - 7.5	5	93
7.4 - 7.0	10	91
6.9 - 6.5	8	85
6.4 - 6.0	22	80
5.9 - 5.5	17	69
5.4 - 5.0	19	60
4.9 - 4.5	32	49
4.4 - 4.0	21	31
3.9 - 3.5	16	20
3.4 - 3.0	12	11
2.9 - 2.5	4	5
2.4 - 2.0	4	3
1.9 - 1.5	2	1
1.4 - 1.0	0	0

Mean 5.17 Actual Range 1.60 - 9.50

Standard Deviation 1.60

TABLE 91

Pre-Score Distribution on the ABLE - Problem Solving

San Antonio Population (N = 169)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	3	99
9.4 - 9.0	15	94
8.9 - 8.5	2	89
8.4 - 8.0	4	87
7.9 - 7.5	10	85
7.4 - 7.0	14	79
6.9 - 6.5	9	71
6.4 - 6.0	16	65
5.9 - 5.5	12	57
5.4 - 5.0	19	48
4.9 - 4.5	13	38
4.4 - 4.0	12	30
3.9 - 3.5	16	22
3.4 - 3.0	13	14
2.9 - 2.5	3	6
2.4 - 2.0	3	4
1.9 - 1.5	0	3
1.4 - 1.0	1	3
0	4	1

Mean 5.57 Actual Range 0 - 9.50

Standard Deviation 2.09

TABLE 92

Pre-Score Distribution on the ABLE - Vocabulary

Amarillo Population (N = 102)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	83
9.4 - 9.0	35	83
8.9 - 8.5	5	63
8.4 - 8.0	5	58
7.9 - 7.5	1	55
7.4 - 7.0	2	54
6.9 - 6.5	5	52
6.4 - 6.0	14	48
5.9 - 5.5	4	33
5.4 - 5.0	10	29
4.9 - 4.5	3	20
4.4 - 4.0	6	16
3.9 - 3.5	6	10
3.4 - 3.0	2	5
2.9 - 2.5	3	3
2.4 - 2.0	0	1
1.9 - 1.5	0	1
1.4 - 1.0	1	1

Mean 6.78 Actual Range 1.40 - 9.00

Standard Deviation 2.09

TABLE 93

Pre-Score Distribution on the ABLE - Reading

Amarillo Population (N = 101)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	81
9.4 - 9.0	38	81
8.9 - 8.5	3	61
8.4 - 8.0	6	58
7.9 - 7.5	1	50
7.4 - 7.0	11	46
6.9 - 6.5	3	37
6.4 - 6.0	21	34
5.9 - 5.5	1	14
5.4 - 5.0	6	12
4.9 - 4.5	2	7
4.4 - 4.0	4	4
3.9 - 3.5	0	1
3.4 - 3.0	1	1
2.9 - 2.5	0	1
2.4 - 2.0	0	1
1.9 - 1.5	0	1
1.4 - 1.0	0	1
0	1	1

Mean 7.34

Actual Range 0 - 9.00

Standard Deviation 1.74

TABLE 94

Pre-Score Distribution on the ABLE - Spelling

Amarillo Population (N =100)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	86
9.4 - 9.0	29	86
8.9 - 8.5	3	70
8.4 - 8.0	3	67
7.9 - 7.5	1	65
7.4 - 7.0	3	63
6.9 - 6.5	2	60
6.4 - 6.0	13	58
5.9 - 5.5	6	46
5.4 - 5.0	14	38
4.9 - 4.5	7	26
4.4 - 4.0	9	19
3.9 - 3.5	1	10
3.4 - 3.0	4	8
2.9 - 2.5	2	5
2.4 - 2.0	1	3
1.9 - 1.5	0	1
1.4 - 1.0	0	1
0	2	1

Mean 6.33 Actual Range 0 - 9.00

Standard Deviation 2.22

TABLE 95

Pre-Score Distribution on the ABLE - Arithmetic Computation

Amarillo Population (N = 102)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	99
9.4 - 9.0	3	99
8.9 - 8.5	2	96
8.4 - 8.0	0	93
7.9 - 7.5	11	93
7.4 - 7.0	16	83
6.9 - 6.5	9	66
6.4 - 6.0	20	58
5.9 - 5.5	16	38
5.4 - 5.0	11	21
4.9 - 4.5	8	13
4.4 - 4.0	1	5
3.9 - 3.5	2	4
3.4 - 3.0	1	2
2.9 - 2.5	1	1
2.4 - 2.0	1	1
1.9 - 1.5	0	0
1.4 - 1.0	0	0

Mean 6.21 Actual Range 2.30 - 9.00

Standard Deviation 1.28

TABLE 96

Pre-Score Distribution on the ABLE - Problem Solving

Amarillo Population (N = 99)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	90
9.4 - 9.0	20	90
8.9 - 8.5	0	78
8.4 - 8.0	4	78
7.9 - 7.5	6	73
7.4 - 7.0	10	69
6.9 - 6.5	4	58
6.4 - 6.0	18	46
5.9 - 5.5	4	35
5.4 - 5.0	12	33
4.9 - 4.5	0	19
4.4 - 4.0	4	19
3.9 - 3.5	7	17
3.4 - 3.0	8	10
2.9 - 2.5	1	2
2.4 - 2.0	0	1
1.9 - 1.5	1	1
1.4 - 1.0	0	0

Mean 6.26

Actual Range 1.80 - 9.00

Standard Deviation 1.99

TABLE 97

Pre-Score Distribution on the ABLE - Vocabulary

Dallas Population (N = 46)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	75
9.4 - 9.0	23	75
8.9 - 8.5	2	48
8.4 - 8.0	2	43
7.9 - 7.5	0	38
7.4 - 7.0	0	38
6.9 - 6.5	3	38
6.4 - 6.0	2	33
5.9 - 5.5	3	29
5.4 - 5.0	1	23
4.9 - 4.5	2	21
4.4 - 4.0	4	16
3.9 - 3.5	2	8
3.4 - 3.0	0	3
2.9 - 2.5	1	3
2.4 - 2.0	0	1
1.9 - 1.5	1	1
1.4 - 1.0	0	0

Mean 7.24 Actual Range 1.70 - 9.00

Standard Deviation 2.20

TABLE 98

Pre-Score Distribution on the ABLE - Reading

Dallas Population (N = 46)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	76
9.4 - 9.0	22	76
8.9 - 8.5	0	50
8.4 - 8.0	5	50
7.9 - 7.5	6	37
7.4 - 7.0	1	27
6.9 - 6.5	2	24
6.4 - 6.0	6	21
5.9 - 5.5	0	8
5.4 - 5.0	0	8
4.9 - 4.5	0	8
4.4 - 4.0	0	8
3.9 - 3.5	0	8
3.4 - 3.0	1	8
2.9 - 2.5	1	5
2.4 - 2.0	1	3
1.9 - 1.5	1	1
1.4 - 1.0	0	0

Mean 7.65 Actual Range 1.50 - 9.00

Standard Deviation 1.95

TABLE 99

Pre-Score Distribution on the ABLE - Spelling

Dallas Population (N = 46)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	80
9.4 - 9.0	18	80
8.9 - 8.5	3	58
8.4 - 8.0	1	53
7.9 - 7.5	0	51
7.4 - 7.0	1	51
6.9 - 6.5	1	49
6.4 - 6.0	4	47
5.9 - 5.5	3	38
5.4 - 5.0	3	32
4.9 - 4.5	4	24
4.4 - 4.0	1	16
3.9 - 3.5	2	14
3.4 - 3.0	2	10
2.9 - 2.5	0	5
2.4 - 2.0	1	5
1.9 - 1.5	1	3
1.4 - 1.0	1	1

Mean 6.71 Actual Range 1.00 - 9.00

Standard Deviation 2.42

TABLE 100

Pre-Score Distribution on the ABLE - Arithmetic Computation

Dallas Population (N = 46)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	99
9.4 - 9.0	0	99
8.9 - 8.5	2	99
8.4 - 8.0	1	95
7.9 - 7.5	5	91
7.4 - 7.0	7	78
6.9 - 6.5	3	66
6.4 - 6.0	8	58
5.9 - 5.5	6	41
5.4 - 5.0	5	28
4.9 - 4.5	3	18
4.4 - 4.0	2	11
3.9 - 3.5	2	8
3.4 - 3.0	1	3
2.9 - 2.5	1	1
2.4 - 2.0	0	0
1.9 - 1.5	0	0
1.4 - 1.0	0	0

Mean 6.07

Actual Range 2.50 - 8.70

Standard Deviation 1.42

TABLE 101

Pre-Score Distribution on the ABLE - Problem Solving

Dallas Population (N = 46)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	87
9.4 - 9.0	12	87
8.9 - 8.5	0	71
8.4 - 8.0	3	71
7.9 - 7.5	0	64
7.4 - 7.0	8	64
6.9 - 6.5	5	45
6.4 - 6.0	6	33
5.9 - 5.5	3	23
5.4 - 5.0	1	18
4.9 - 4.5	0	15
4.4 - 4.0	2	15
3.9 - 3.5	5	12
3.4 - 3.0	0	1
2.9 - 2.5	1	1
2.4 - 2.0	0	0
1.9 - 1.5	0	0
1.4 - 1.0	0	0

Mean 6.76 Actual Range 2.90 - 9.00

Standard Deviation 1.86

TABLE 102

Pre-Score Distribution on the ABLE - Vocabulary

Mexican-Americans (N = 117)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	1	99
9.4 - 9.0	17	92
8.9 - 8.5	6	83
8.4 - 8.0	3	79
7.9 - 7.5	3	76
7.4 - 7.0	6	74
6.9 - 6.5	3	69
6.4 - 6.0	10	65
5.9 - 5.5	9	57
5.4 - 5.0	10	50
4.9 - 4.5	8	41
4.4 - 4.0	6	34
3.9 - 3.5	7	29
3.4 - 3.0	6	23
2.9 - 2.5	6	18
2.4 - 2.0	5	13
1.9 - 1.5	8	9
1.4 - 1.0	3	2

Mean 5.50

Actual Range 1.00 - 9.50

Standard Deviation 2.44

TABLE 103

Pre-Score Distribution on the ABLE - Reading

Mexican-Americans (N = 117)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	2	99
9.4 - 9.0	22	89
8.9 - 8.5	4	78
8.4 - 8.0	7	74
7.9 - 7.5	5	70
7.4 - 7.0	4	64
6.9 - 6.5	3	62
6.4 - 6.0	12	59
5.9 - 5.5	4	49
5.4 - 5.0	9	44
4.9 - 4.5	5	38
4.4 - 4.0	8	33
3.9 - 3.5	3	26
3.4 - 3.0	7	24
2.9 - 2.5	6	18
2.4 - 2.0	4	13
1.9 - 1.5	8	10
1.4 - 1.0	4	3

Mean 5.75 Actual Range 1.10 - 9.50

Standard Deviation 2.59

TABLE 104

Pre-Score Distribution on the ABLE - Spelling

Mexican-Americans (N = 116)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	1	99
9.4 - 9.0	16	92
8.9 - 8.5	5	84
8.4 - 8.0	2	80
7.9 - 7.5	2	78
7.4 - 7.0	5	77
6.9 - 6.5	4	73
6.4 - 6.0	14	68
5.9 - 5.5	8	57
5.4 - 5.0	9	50
4.9 - 4.5	6	42
4.4 - 4.0	7	37
3.9 - 3.5	7	31
3.4 - 3.0	4	25
2.9 - 2.5	3	22
2.4 - 2.0	4	19
1.9 - 1.5	3	16
1.4 - 1.0	11	12
0	5	2

Mean 5.21 Actual Range 0 - 9.50

Standard Deviation 2.66

TABLE 105

Pre-Score Distribution on the ABLE - Arithmetic Computation

Mexican-Americans (N = 115)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	2	99
9.4 - 9.0	1	98
8.9 - 8.5	1	97
8.4 - 8.0	3	96
7.9 - 7.5	4	93
7.4 - 7.0	8	90
6.9 - 6.5	5	83
6.4 - 6.0	16	78
5.9 - 5.5	12	65
5.4 - 5.0	12	54
4.9 - 4.5	18	43
4.4 - 4.0	9	28
3.9 - 3.5	10	20
3.4 - 3.0	8	12
2.9 - 2.5	2	5
2.4 - 2.0	3	3
1.9 - 1.5	1	1
1.4 - 1.0	0	0

Mean 5.28 Actual Range 1.60 - 9.50

Standard Deviation 1.61

TABLE 106

Pre-Score Distribution on the ABLE - Problem Solving

Mexican-Americans (N = 104)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	2	99
9.4 - 9.0	8	94
8.9 - 8.5	1	90
8.4 - 8.0	1	89
7.9 - 7.5	4	88
7.4 - 7.0	9	83
6.9 - 6.5	7	75
6.4 - 6.0	16	69
5.9 - 5.5	10	53
5.4 - 5.0	12	42
4.9 - 4.5	7	32
4.4 - 4.0	7	25
3.9 - 3.5	8	19
3.4 - 3.0	7	11
2.9 - 2.5	2	4
2.4 - 2.0	1	2
1.9 - 1.5	0	1
1.4 - 1.0	0	1
0	2	1

Mean 5.65 Actual Range 0 - 9.50

Standard Deviation 1.90

TABLE 107

Pre-Score Distribution on the ABLE - Vocabulary

Negroes (N = 121)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	1	99
9.4 - 9.0	44	81
8.9 - 8.5	7	62
8.4 - 8.0	7	57
7.9 - 7.5	2	51
7.4 - 7.0	0	47
6.9 - 6.5	10	47
6.4 - 6.0	6	41
5.9 - 5.5	7	36
5.4 - 5.0	15	29
4.9 - 4.5	6	17
4.4 - 4.0	7	12
3.9 - 3.5	5	7
3.4 - 3.0	1	3
2.9 - 2.5	3	2
2.4 - 2.0	0	0
1.9 - 1.5	0	0
1.4 - 1.0	0	0

Mean 7.01 Actual Range 2.60 - 9.50

Standard Deviation 2.00

TABLE 108

Pre-Score Distribution on the ABLE - Reading

Negroes (N = 121)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	2	99
9.4 - 9.0	48	79
8.9 - 8.5	3	57
8.4 - 8.0	10	54
7.9 - 7.5	6	46
7.4 - 7.0	10	40
6.9 - 6.5	4	33
6.4 - 6.0	12	29
5.9 - 5.5	1	21
5.4 - 5.0	6	20
4.9 - 4.5	4	15
4.4 - 4.0	4	12
3.9 - 3.5	3	9
3.4 - 3.0	3	6
2.9 - 2.5	3	4
2.4 - 2.0	2	1
1.9 - 1.5	0	0
1.4 - 1.0	0	0

Mean 7.31 Actual Range 2.20 - 9.50

Standard Deviation 1.99

TABLE 109

Pre-Score Distribution on the ABLE - Spelling

Negroes (N = 121)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	2	99
9.4 - 9.0	36	83
8.9 - 8.5	4	68
8.4 - 8.0	5	63
7.9 - 7.5	1	61
7.4 - 7.0	3	60
6.9 - 6.5	2	57
6.4 - 6.0	6	55
5.9 - 5.5	9	50
5.4 - 5.0	15	43
4.9 - 4.5	8	31
4.4 - 4.0	11	24
3.9 - 3.5	8	14
3.4 - 3.0	6	9
2.9 - 2.5	1	4
2.4 - 2.0	2	3
1.9 - 1.5	1	1
1.4 - 1.0	0	1
0	1	1

Mean 6.34 Actual Range 0 - 9.50

Standard Deviation 2.31

TABLE 110

Pre-Score Distribution on the ABLE - Arithmetic Computation

Negroes (N = 121)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	1	99
9.4 - 9.0	1	99
8.9 - 8.5	1	98
8.4 - 8.0	1	97
7.9 - 7.5	9	95
7.4 - 7.0	13	88
6.9 - 6.5	9	76
6.4 - 6.0	19	69
5.9 - 5.5	18	55
5.4 - 5.0	16	38
4.9 - 4.5	12	26
4.4 - 4.0	7	17
3.9 - 3.5	8	11
3.4 - 3.0	4	5
2.9 - 2.5	2	1
2.4 - 2.0	0	0
1.9 - 1.5	0	0
1.4 - 1.0	0	0

Mean 5.75 Actual Range 2.50 - 9.50

Standard Deviation 1.38

TABLE 111

Pre-Score Distribution on the ABLE - Problem Solving

Negroes (N = 116)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	94
9.4 - 9.0	13	94
8.9 - 8.5	1	88
8.4 - 8.0	5	86
7.9 - 7.5	8	81
7.4 - 7.0	18	76
6.9 - 6.5	7	61
6.4 - 6.0	5	55
5.9 - 5.5	6	48
5.4 - 5.0	13	45
4.9 - 4.5	3	34
4.4 - 4.0	6	31
3.9 - 3.5	15	26
3.4 - 3.0	12	13
2.9 - 2.5	2	3
2.4 - 2.0	1	1
1.9 - 1.5	0	1
1.4 - 1.0	0	1
0	1	1

Mean 5.79 Actual Range 0 - 9.00

Standard Deviation 2.06

TABLE 112

Pre-Score Distribution on the ABLE - Vocabulary

Anglos (N = 40)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	2	98
9.4 - 9.0	18	73
8.9 - 8.5	1	49
8.4 - 8.0	3	44
7.9 - 7.5	3	39
7.4 - 7.0	2	31
6.9 - 6.5	1	26
6.4 - 6.0	4	24
5.9 - 5.5	0	14
5.4 - 5.0	1	14
4.9 - 4.5	0	10
4.4 - 4.0	2	10
3.9 - 3.5	2	6
3.4 - 3.0	0	1
2.9 - 2.5	0	1
2.4 - 2.0	0	1
1.9 - 1.5	1	1
1.4 - 1.0	0	0

Mean 7.63 Actual Range 1.80 - 9.50

Standard Deviation 1.93

TABLE 113

Pre-Score Distribution on the ABLE - Reading

Anglos (N = 40)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	3	96
9.4 - 9.0	19	69
8.9 - 8.5	4	40
8.4 - 8.0	1	34
7.9 - 7.5	1	31
7.4 - 7.0	2	28
6.9 - 6.5	1	24
6.4 - 6.0	5	21
5.9 - 5.5	0	9
5.4 - 5.0	0	9
4.9 - 4.5	0	9
4.4 - 4.0	1	9
3.9 - 3.5	0	6
3.4 - 3.0	0	6
2.9 - 2.5	1	6
2.4 - 2.0	0	4
1.9 - 1.5	0	4
1.4 - 1.0	1	4
0	1	1

Mean 7.75

Actual Range 0 - 9.50

Standard Deviation 2.23

TABLE 114

Pre-Score Distribution on the ABLE - Spelling

Anglos (N = 39)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	81
9.4 - 9.0	15	81
8.9 - 8.5	2	60
8.4 - 8.0	1	55
7.9 - 7.5	1	53
7.4 - 7.0	0	50
6.9 - 6.5	2	50
6.4 - 6.0	4	44
5.9 - 5.5	2	35
5.4 - 5.0	3	28
4.9 - 4.5	4	22
4.4 - 4.0	1	12
3.9 - 3.5	2	9
3.4 - 3.0	0	3
2.9 - 2.5	0	3
2.4 - 2.0	0	3
1.9 - 1.5	0	3
1.4 - 1.0	0	3
0	2	3

Mean 6.75 Actual Range 0 - 9.00

Standard Deviation 2.45

TABLE 115

Pre-Score Distribution on the ABLE - Arithmetic Computation

Anglos (N = 39)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	0	97
9.4 - 9.0	0	97
8.9 - 8.5	2	97
8.4 - 8.0	2	94
7.9 - 7.5	4	86
7.4 - 7.0	6	76
6.9 - 6.5	3	63
6.4 - 6.0	6	55
5.9 - 5.5	6	38
5.4 - 5.0	2	24
4.9 - 4.5	2	19
4.4 - 4.0	3	14
3.9 - 3.5	1	6
3.4 - 3.0	0	4
2.9 - 2.5	0	4
2.4 - 2.0	1	4
1.9 - 1.5	1	1
1.4 - 1.0	0	0

Mean 6.14 Actual Range 1.80 - 8.70

Standard Deviation 1.62

TABLE 116

Pre-Score Distribution on the ABLE - Problem Solving

Anglos (N = 38)

Raw Score (Grade Level Equivalents)	Frequency	Percent Scoring Within and Below Specified Interval
9.9 - 9.5	1	99
9.4 - 9.0	12	82
8.9 - 8.5	0	63
8.4 - 8.0	5	63
7.9 - 7.5	2	50
7.4 - 7.0	3	43
6.9 - 6.5	3	38
6.4 - 6.0	3	28
5.9 - 5.5	2	21
5.4 - 5.0	2	16
4.9 - 4.5	0	12
4.4 - 4.0	1	12
3.9 - 3.5	3	8
3.4 - 3.0	0	1
2.9 - 2.5	0	1
2.4 - 2.0	0	1
1.9 - 1.5	0	1
1.4 - 1.0	0	1
0	1	1

Mean 7.11 Actual Range 0 - 9.50

Standard Deviation 2.10

TABLE 117

Pre-Score Distribution on the ABLE - Vocabulary

Raw Score (Grade Level Equivalents)	N = 49 Frequency	Percent Scoring Within and Below Specified Interval	N = 33 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
9.9 - 9.5	1	99	0	83
9.4 - 9.0	8	90	11	83
8.9 - 8.5	2	81	2	65
8.4 - 8.0	2	76	1	59
7.9 - 7.5	2	71	1	56
7.4 - 7.0	2	67	1	53
6.9 - 6.5	3	64	1	50
6.4 - 6.0	3	58	2	47
5.9 - 5.5	2	52	4	41
5.4 - 5.0	7	47	2	27
4.9 - 4.5	4	33	1	23
4.4 - 4.0	1	26	2	20
3.9 - 3.5	0	23	4	14
3.4 - 3.0	3	23	0	2
2.9 - 2.5	2	17	1	2
2.4 - 2.0	1	13	0	0
1.9 - 1.5	5	11	0	0
1.4 - 1.0	1	1	0	0

	Successful	Unsuccessful
Mean	5.74	6.74
Standard Deviation	2.53	2.13
Actual Range	1.10 - 9.50	2.90 - 9.00

TABLE 118

Pre-Score Distribution on the ABLE - Reading

Raw Score (Grade Level Equivalents)	N = 48 Frequency	Percent Scoring Within and Below Specified Interval	N = 33 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
9.9 - 9.5	2	98	0	86
9.4 - 9.0	12	83	9	86
8.9 - 8.5	1	70	0	70
8.4 - 8.0	3	68	3	70
7.9 - 7.5	1	61	2	62
7.4 - 7.0	1	59	5	53
6.9 - 6.5	1	57	1	41
6.4 - 6.0	1	55	2	36
5.9 - 5.5	3	53	0	32
5.4 - 5.0	1	47	2	32
4.9 - 4.5	3	44	2	26
4.4 - 4.0	2	39	2	20
3.9 - 3.5	2	34	1	14
3.4 - 3.0	2	30	2	9
2.9 - 2.5	3	26	1	5
2.4 - 2.0	2	19	0	2
1.9 - 1.5	5	15	0	2
1.4 - 1.0	3	5	0	2
0	0	0	1	2

	Successful	Unsuccessful
Mean	5.66	6.57
Standard Deviation	2.97	2.34
Actual Range	1.20 - 9.50	0 - 9.00

TABLE 119

Pre-Score Distribution on the ABLE - Spelling

Raw Score (Grade Level Equivalents)	N = 49 Frequency	Percent Scoring Within and Below Specified Interval	N = 33 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
9.9 - 9.5	0	97	0	85
9.4 - 9.0	3	97	10	85
8.9 - 8.5	2	92	1	68
8.4 - 8.0	4	86	1	65
7.9 - 7.5	1	81	0	62
7.4 - 7.0	2	79	0	62
6.9 - 6.5	2	74	2	62
6.4 - 6.0	4	70	3	55
5.9 - 5.5	6	62	2	47
5.4 - 5.0	4	50	4	39
4.9 - 4.5	2	42	3	29
4.4 - 4.0	5	37	1	20
3.9 - 3.5	1	28	2	17
3.4 - 3.0	0	26	2	9
2.9 - 2.5	2	26	0	5
2.4 - 2.0	3	21	1	5
1.9 - 1.5	2	15	0	2
1.4 - 1.0	3	10	0	2
0	3	3	1	2

	Successful	Unsuccessful
Mean	4.99	6.21
Standard Deviation	2.60	2.44
Actual Range	0 - 9.00	0 - 9.00

TABLE 120

Pre-Score Distribution on the ABLE - Arithmetic Computation

Raw Score (Grade Level Equivalents)	N = 49 Frequency	Percent Scoring Within and Below Specified Interval	N = 32 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		**Unsuccessful**	
9.9 - 9.5	0	99	0	97
9.4 - 9.0	0	99	0	97
8.9 - 8.5	1	99	2	97
8.4 - 8.0	2	96	0	92
7.9 - 7.5	4	92	1	92
7.4 - 7.0	0	85	7	88
6.9 - 6.5	2	85	2	66
6.4 - 6.0	6	79	8	58
5.9 - 5.5	10	66	4	34
5.4 - 5.0	2	47	1	23
4.9 - 4.5	7	44	2	19
4.4 - 4.0	4	30	3	13
3.9 - 3.5	3	21	1	5
3.4 - 3.0	1	15	0	2
2.9 - 2.5	2	13	0	2
2.4 - 2.0	4	9	1	2
1.9 - 1.5	1	1	0	0
1.4 - 1.0	0	0	0	0

	Successful	Unsuccessful
Mean	5.16	6.09
Standard Deviation	1.77	1.42
Actual Range	1.80 - 8.70	2.30 - 8.70

TABLE 121

Pre-Score Distribution on the ABLE - Problem Solving

Raw Score (Grade Level Equivalents)	N = 40 Frequency	Percent Scoring Within and Below Specified Interval	N = 28 Frequency	Percent Scoring Within and Below Specified Interval
	Successful		Unsuccessful	
9.9 - 9.5	1	99	0	89
9.4 - 9.0	6	90	6	89
8.9 - 8.5	0	79	1	77
8.4 - 8.0	3	79	1	73
7.9 - 7.5	3	73	1	70
7.4 - 7.0	6	66	5	66
6.9 - 6.5	1	51	3	45
6.4 - 6.0	3	49	1	37
5.9 - 5.5	4	41	2	34
5.4 - 5.0	4	31	2	27
4.9 - 4.5	4	21	0	18
4.4 - 4.0	0	11	2	18
3.9 - 3.5	1	11	2	12
3.4 - 3.0	0	9	2	5
2.9 - 2.5	2	9	0	0
2.4 - 2.0	0	4	0	0
1.9 - 1.5	0	4	0	0
1.4 - 1.0	1	4	0	0
0	1	1	0	0

	Successful	Unsuccessful
Mean	6.29	6.54
Standard Deviation	2.19	1.95
Actual Range	0 - 9.50	3.00 - 9.00

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